## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLOHIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000102715 (4)

\$ & B	ENTERPRISES, INC.		, ,			
Principal Place of Business Mailing Address						T TREATMON HER TRANS CONT. BRITT
12516 SR 80 12516 SR 80 FORT MYERS FL 33905-1970 FORT MYERS FL 33905-1970				970		DO NOT WRITE IN THIS SPACE
1						3. Date Incorporated or Qualified
<u></u>						12/04/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number 65 - 079969/ Applied For Not Applicable
21 26						
Suite, Apt. #, etc.         Suite, Apt           22         27						5. Certificate of Status Desired S8.75 Additional Fee Required
City & State			tate			6. Election Campaign Financing \$5.00 May Be
Zip	28	Zip Country			Trust Fund Contribution Added to Fees	
24	<u> </u>		· '	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 29 30 9. Name and Address of Current Registered Agent		30		10. Name and Address of New Registered Agent	
	· ·			81	Name	
EID, SAM 12516 SR 80				82	Street	Address (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33905-1970				83		,
				84	′	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered statutes.  SIGNATURE    Signature, typed or printed agent and title it applicable   (NOTE: Registered Agent signature required when reinstating)   DATE						
TITLE	D		DELETE	1.1 TiTLE		Change Addition
NAME	EID, SAM			1.2 NAME		
STREET ADDRESS	12516 SR 80			1.3 STREET	ADDRESS	
CITY+ST-ZIP	FORT MYERS FL 33905-197	70		1.4 CITY - 5	ST-ZIP	
TITLE	D DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	ALLEN, ROBERT			2.2 NAME		
STREET ADDRESS	12516 SR 80			2.3 STREET	ADDRESS	4
CITY-ST-ZIP	FORT MYERS FL 33905-197		1 00 000	2. 4 CITY-	ST-ZiP	
TITLE		L	DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP			DELETE	3.4. CITY - : 4.1 TITLE	SI-ZIP	Change Addition
NAME			0	4.1 IIILE 4. 2 NAME		Citaligo C Addition
STREET ADDRESS				4.2 TEAML		
CITY-ST-ZIP				4.4 CITY - S		
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	
CITY-ST-ZIP				5.4 CITY-S	- 1	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	ADDRESS	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an practice of the corporation of the receiver of the corporation of the corporat