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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102811 (1)

B.B.II DEVELOPMENT, INC.

Principal Place of Business 2190 J&C BOULEVARD NAPLES FL 34109

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23

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Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

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2190 J&C BOULEVARD NAPLES FL 34109

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/05/1997 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes □ No 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent THOMPSON, STUART A 4501 TAMIAMI TRAIL NORTH SUITE 400 NAPLES FL 34103

25

Country

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
64	City 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

Country

30

SIGNATURE	Signature, typed or printed rianns of registured agoni and title if applic	able (NOT	: Registered Agent signature requi	red when reinstaling)	DATE	
2.	OFFICERS AND DIRECTORS	3	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	IS IN 12
TILE	<u>D</u>	☐ DELETE	1.1 TITLE		☐ Change	Additio
AME (MULLERSMAN, STEVE		1.2 NAME			
TREET ADDRESS	2190 J&C BOULEVARD		1.3 STREET ADDRESS			
TY-ST-ZIP	NAPLES FL 34109		1.4 CITY - ST - ZIP			
TLE	D	DELETE	21 TITLE		Change	Additio
AME	MASON-BRIGHI, MONICA L		2.2 NAME			
TREET ADDRESS	2190 J&C BOULEVARD		2.3 STREET ADDRESS			
TY-ST-ZIP	NAPLES FL 34109		2. 4 CiTY-ST-ZIP			
TLE		DELETE	3.1 TITLE		Change	Additio
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iame (4. 2 NAME			
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4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

14. I hereby 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 empowered 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 attachment with an address.

(941)

Change

Change

Addition

Addition

100

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE