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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000102811 1. Corporation Name

B.B.II DEVELOPMENT, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90040 003 ***150.00



		•											
Principal Place of Business Mailing Address													
2190 J&C BOULEVARD 2190 J&C BOULEVARD NAPLES FL 34109 NAPLES FL 34109													
						DO NOT WRITE IN THIS SPACE							
					Date Incorporated or Qualifed								
						12/05/1997							
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For							
21	26					APPLIED FOR 59-3510721 Not Applicable							
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional Fee Required							
22	. 27												
City & State City & State					6. Election Campaign Financing \$5.00 May Be								
23	28				Trust Fund Contribution Added to Fees								
Zip	Country	Zip Cou				8. This corporation owes the current year Intangible							
24	25	29	30			Personal Property Tax. Yes No							
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
THOMPSON, STUART A 4501 TAMIAMI TRAIL NORTH SUITE 400				81	Name	me							
				82 Street Address (P.O. Box Number is Not Acceptable) 83									
							NAPLES FL 34103				Ш		
											84	City	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 obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere 12. OFFICERS AND DIRECTORS 13					ir siðnarnia radni er	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	DELETE	1.1 T			☐ Change ☐ Addition							
			AME										
NAME	MOLLETOMAN, OTEVE			ADDRESS									
STREET ABRIESS 2100 000 BOOLE 1711B													
CITY-ST-ZIP NAPLES FL 34109 14-CI				1-417	☐ Change ☐ Addition								

MASON-BRIGHI, MONICA L 2.2 NAME NAME 2190 J&C BOULEVARD 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 ----2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE JOSEPH. 3.2 NAME NAME 2190 1 & C BLVD. 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34109 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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, with all other like empowered.

MullER 3 Man 2 4 16 199 (941) 591-010