Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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 # P97000108759

B & T OF PALM BEACH COUNTY, INC.										
Principal Place of Business Mailing Address						1	(100:100; 114 (01:1 124) 00:11 02(1) 02(2) (101)	B181 /8/		
5979 NW 151 STREET, SUITE 208		5979 NW 151 STREET. SU MIAMI LAKES FL 33014	5979 NW 151 STREET. SUITE 208							
MIAMI LAKES FL 33014		MINMI LANCO PE 33014				DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 12/30/1997			
2. Principal Place of Busi	ness	2a. Mailing Address	2a. Mailing Address				FEI Number			
21	26					65-0752093	1_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired	\$8. Fe		
City & State		City & State				6.	Election Campaign Financing Trust Fund Contribution	\$5 Ac		
Zip	Country	Zip	Count	try		8.	This corporation owes the current year Inta	angible		
24	25	29	30				Personal Property Tax.	Yes		
9. Name and Address of Current Registered Agent						10.	Name and Address of New Registered A	Agent		
JENSEN, ROBERT C 5979 NW 151 STREET, SUITE 208			8	31	Name					
			8	82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI LAKES										
			-	24	City		· · · · · · · · · · · · · · · · · · ·	85		

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90057 029 ***150.00



Section Sect	24	25	29	30			Personal Property		res	
JENSEN, ROBERT C 5979 NW 151 STREET, SUITE 208 MIAMI LAKES FL 33014 84 City FL 84 City FL 85 Zip Code T1. Pursuant to the provisions of Petitings 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registion of registered agent, or both, in the State of Ringdas Statutes, by the corporation's board of directors. I hereby accept the appointment as registere agent, and animaliar with, with a position of State of Ringdas Statutes. SIGNATURE Signature, typed or prefer fame of ingratered agent and Stage application. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 14. CITY ST 2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME 15. SINGER ADDRESS 16. RIO VISTA DRIVE 15. SINGER ADDRESS 16. RIO VISTA DRIVE 15. SINGER ADDRESS 16. RIO VISTA DRIVE 16. SINGER ADDRESS 16. RIO VISTA DRIVE 17. SINGER ADDRESS 18. SINGER A		9. Name and Address of Current	Registered Agent		L.		10. Name and Addres	s of New Registered	Age <u>nt</u>	
MIAMI LAKES FL 33014 83 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 registed agent, for both, with the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and acaptic tigh obligations of Tospiden 607.0505, Florida Statutes. SIGNATURE Signature, type of privat name of registered agent and seef applications. OFFICERS AND DIRECTORS IN 11. OFFICERS AND DIRECTORS IN TITLE OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN TITLE OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN WINEGARDNER, BARBARA A 12. NAME 13. SIRREF ALORESS CITY-51-2P TREQUESTA FL 33469 14. City TITLE OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. TITLE OFFICERS AND DIRECTORS IN 14. TITLE OFFICERS AND DIRECTORS IN 15. TITLE OFFICERS AND DIRECTORS IN 16. RIO VISTA DRIVE 12. TITLE OFFICERS AND DIRECTORS IN 13. TITLE OFFICERS AND DIRECTORS IN 14. TITLE OFFICERS AND DIRECTORS IN 15. TITLE OFFICERS AND DIRECTORS IN 16. RIO VISTA DRIVE 21. TITLE OFFICERS AND DIRECTORS IN 16. RIO VISTA DRIVE 22. NAME 23. SIRREF ALORESS CITY-51-2P TITLE OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS							trees (P.O. Roy Number is	Not Acceptable)		
Section Sect	5979	NW 151 STREET, SUITE 208			82	Oli BBI AUI	11655 (F.O. BOX HUILIDEI 13	Not ricceptable)		
11. Pursuant to the provisions of BRITCHORS 67 (502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with , and acycle by Changistons 67,550/do 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with , and acycle by Changistons 67,550/do 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent and the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with and acycle by Change or Change	MIAI	MI LAKES FL 33014			83					
office or registered agent. Ar both, Ar the State of Floids. Sugh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Josephane agent and accept the appointment as registered agent. In the agent agent and accept the appointment as registered agent. In the agent agent and accept the appointment as registered agent. In the agent agent and accept the appointment as registered agent. In the agent agent and accept the appointment as registered agent. In the agent agent and accept the appointment as registered agent. In the agent ag						,			• I 🖳	· <u></u>
Signature, typed of protect amount of regulatives agent and "tags) appear and "tags) and protect of many of the protect of the prote	office or t	registered agent of both in the State of	f Florida. Such change [,]	was authorize	d bv t	-named cor he corporat	poration submits this stater tion's board of directors. I h	nent for the purpose of ereby accept the appoi	changing ntment as	its registered registered
TITLE NAME STREET ADDRESS OT VISTA DRIVE CTY, ST-ZIP TITLE NAME STREET ADDRESS OT VISTA DRIVE ST	SIGNATURE	Skypature, byped or printed name of registered event	and Med applicable.	(NOTE: Registere	d Agent	signature requi	red when reinstating)	DATE		
TITLE	12.			13.			ADDITIONS/CHANG	GES TO OFFICERS AN	ID DIREC	TORS IN 12
16 RIO VISTA DRIVE 13 STREET ADDRESS 14 CITY-ST-ZIP		PD	☐ DELE	TE 1.1 T	ITLE				Chang	ge 🔲 Addition
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STREET ADDRESS!	STREET ADDRESS			6.3 9	TREET	ADDRESS				
CITY-ST-ZIP 8.4 CITY-ST-ZIP				6.4 0	TY-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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with th	14 I hereby o	certify that the information supplied with	this filing does not qua	lify for the ex	emptio	on stated in	Section 119.07(3)(i), Florid	la Statutes. I further ce	rtify that th	e information

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.