

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90227 039 \*\*\*150.00

DOCUMENT # P98000008808

1. Corporation Name

B & T PROMOTIONS, CORP.



Principal Place of Business

5040 BEACHWOOD RD  
DELRAY BEACH FL 33484

Mailing Address

5040 BEACHWOOD RD  
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1998

4. FEI Number

65-0808508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5040 BEECHWOOD RD.

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH, FLORIDA

Zip

24 33484

Country

25 WEST PALM BCH

2a. Mailing Address

26 5040 BEECHWOOD RD

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FLORIDA

Zip

29 33484

Country

30 WEST PALM BCH

9. Name and Address of Current Registered Agent

BROWNE, RONALD  
5040 BEACHWOOD RD  
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name

BROWNE, RONALD

82 Street Address (P.O. Box Number is Not Acceptable)

5040 BEECHWOOD RD

83

84 City

DELRAY BEACH

FL

85 Zip Code

33484

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME BROWNE, RONALD

STREET ADDRESS 5040 BEACHWOOD RD

CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE VSD ☐ DELETE

NAME BROWNE, MELODY

STREET ADDRESS 5040 BEACHWOOD RD

CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition

1.2 NAME BROWNE, RONALD

1.3 STREET ADDRESS 5040 BEECHWOOD RD

1.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

2.1 TITLE VSD ☐ Change ☐ Addition

2.2 NAME BROWNE, MELODY

2.3 STREET ADDRESS 5040 BEECHWOOD RD

2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)