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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 007 *****5.00

04-27-1999 90213 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040044			
1. Corporation Name B.B.D. SALES MANUFACTURERS REP., INC.			
Principal Place of Business 2750 NW 105 LANE SUNRISE FL 33322		Mailing Address 2750 NW 105 LANE SUNRISE FL 33322	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 2750 NW 105 LN Suite, Apt. #, etc.		2a. Mailing Address 26 Same Suite, Apt. #, etc.	
22 SUNRISE FL City & State 23 33322 Zip Country		27 Same City & State 28 Same Zip Country	
24 33322 Zip Country		29 Same Zip Country	
9. Name and Address of Current Registered Agent KLEIN, JEFFREY 2750 NW 105 LANE SUNRISE FL 33322		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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: <i>Jeffrey P. Klein</i> DATE: 5/7/99			
12. OFFICERS AND DIRECTORS TITLE President ☐ DELETE NAME Jeffrey P. Klein STREET ADDRESS 2750 NW 105 LN CITY-STATE-ZIP SUNRISE FL 33322		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)