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FILED
May 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moynham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S54067 (1)
 1. Corporation Name
B & B INFORMATION SERVICES, INC.



Principal Place of Business: **P. O. BOX 5151 DEERFIELD BEACH FL 33442-5153 US**
 Mailing Address: **BOX 5153 DEERFIELD BEACH FL 33442-5153 US**

3. Date Incorporated or Qualified: **05/20/1991** 3a. Date of Last Report: **07/26/1996**
 4. FEI Number: **65-0289939** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BATTLE, DAVID
5700 N.W. 74TH PL. #203
COCONUT CREEK FL 33073

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BATTLE, DAVID	
STREET ADDRESS	5880 N.W. 74TH PL. 303	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BATTLE, DAVID	
STREET ADDRESS	5700 N.W. 74TH PL. #203	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOWMAN, LISA	
STREET ADDRESS	P. O. BOX 5153	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BATTLE, DAVID	
1.3 STREET ADDRESS	BOX 5153	
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	N/A
2.1 TITLE	SAME AS ABOVE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BOWMAN LISA	
3.3 STREET ADDRESS	BOX 5153	N/A
3.4 CITY-ST-ZIP	DEERFIELD BCH, FL. 33442	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

4/27/97 (100) 781-7979

CR2E034 (9/96)