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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V06763

(9)

B.B.C.C., INC.

Principal Place of Business

Mailing Address

FILED Apr 18 1997 8:00am Secretary of State



258 TRADEWINDS AVE S. LAUDERDALE BY THE SEA FL 33308		258 TRADEWINDS AVE S. LAUDERDALE BY THE SEA FL 33308-5012					
					3. Date Incorporated or Qualified 01/14/1992	3a. Date of Last 6 02/01/1996	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		pplied For	
21		26		65-0303436		ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip		Country		This corporation has liability for it		
4	25	29	30		Florida Statutes	Yes 🗌 No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	stered Agent	
	rris, John W.			81 Name			
	TRADEWINDS AVE S.		ŀ	82 Street A	ddress (P.O. Box Number is Not Acceptab	le)	
LAU	IDERDALE BY THE SEA FL 3330	3	,				
			Į.	83			
				84 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obtiga	of Florida. Such change was a	authorized	by the corpo	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing i t the appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and little If applicable (NOT	E flagistered	Agent signature re	quired whon reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	☐ DELETE	1.1 TIT	.F		Change	Addition
NAME	HARRIS, JOHN W		1.2 NA	v1E			
STREET ADDRESS	258 TRADEWINDS AVE S.		1.3 STI	IEF1 ADDRESS			
CITY-ST-ZIP	LAUD BY THE SEA FL	By the sea fl		Y-S1-ZIP			
TITLE	DELETE		2.1 111			☐ Change	Addition
NAME			2.2 NA	ME			
STREET ADDRESS	Į.		2.3 STF	EET ADDRESS	·		
CITY-ST-ZIP			2.4 CITY-ST-ZIP				
TITLE	☐ DELETE		3.1 TIT	.E		☐ Change	Addition
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STF	EET ADDRESS			
CITY-ST-ZIP			3.4. CI	Y-S1-ZIP			
TITLE		☐ DEFELE	4.1 1(1	.ŧ		Change	☐ Addition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS	•		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELET e	5.1 TiTI	.E		☐ Change	Addition
NAME			5.2 NA	AE			
STREET ADDRESS			5.3 STF	FFT ADDRESS			
CITY-ST-ZIP			5.4 C/T	1-ST-ZIP			
TITLE		☐ DELETE	61 TITI	.E		☐ Change	Addition
NAME			62 NA	AE }			
STREET ADDRESS			63 STR	EET ADDRESS			
CITY-ST-ZIP				/-SI-ZIP			
14. I do heret Informatio I am an of appears in	by certify that the information supplied in indicated on this annual report or su flicer or director of the correctation of the in Block 12 or Block 13 if changes, or	with this filing does not qualif ipplemental annual report is to he receiver or trustee empow an attachment with an add	y for the erue and accept to expend	exemption state ecurate and the ecute this rec	ed in Section 119.07(3)(i), Florida Statutes lat my signature shall have the same legal ort as required by Chapter 607, Florida St	. I further certify that effect as if made un atutes; and that my r	the der oath; that name