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

CORPORATION ANNUAL REPORT

1998

B.T.L.B., INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

FILED Mar 31 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							100 41 00 01 4184 18 8 0 0 0 0 0 0 0 0 0 0		
700 FRENCH CREEK LN 700 FRENCH CREEK LN									
FT PIERCE F	L 34962		1	FT PIERCE FL 34982				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								08/04/1992	
2. Principal Place of Business				2e. Mailing Address				4. FEI Number Applied For	
21			26					65-0350739 Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
City & Stole			27					Fee Required	
City & State			100	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country			20	Zip Country			v	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24 25		_ '	29		30		,	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent	
	YLOR, JAM					81	Name		
700 FRENCH CREEK LN FT PIERCE FL 34982						82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
						83			
						84	City	85 Zip Code	
		7.5			- -	L	ľ	PL	
office or r	to the provisi reg is tered ag	ions of Sections 607.056 ent, or both, in the State	02 and 6 e of Flori	i07.1508, Florida St da. Such change w	atutes, the a as authorize	bov d b	e-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
agent. La	am fa miliar wii	th, and accept the obliq	ations o	f, Section 607.0505	i, Florida Sta	tute	s.		
SIGNATURE	Signature lyped	or printed name of registered ag	ont and little	if applicable	NOTE Basislare	oA ba	ent signature require	ad when reinstating) DATE	
12.	O'grandic 19710d	OFFICERS AN			13.	D Ng	ent signatura require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			☐ DELE te	1.1 T	TLE		Change Addition	
NAME		, JAMES A., SR			1.2 N	AME			
STREET ADDRESS		NCH CREEK LN			1.3 S	TREE	T ADDRESS		
CITY-ST-ZiP	FT PIER	CE FL			1.40	ITY-S	ST-ZIP		
TITLE	TAVI OD DATDICIA K			DELETE 2.1 T		TLE		☐ Change ☐ Addition	
NAME	TAYLOR, PATRICIA K. 700 FRENCH CREEK LN			221		AME			
STREET ADDRESS	ET DIEDOE EI					TREET	T ADDRESS		
CITY-ST-ZIP TITLE				☐ DELETE	2 4 C		ST-ZIP	Chann Ladren	
NAME	BECKFORD, LEROY							Change Addition	
STREET ADDRESS		INDIAN RIVER DR			32 N		r address		
CITY-ST-ZIP		BEACH FL					ST-ZIP	g v se	
TITLE	D			☐ DELETE	4.1 7		טו גוו	☐ Change ☐ Addition	
NAME	BECKFO	RD, DONNA L.		_	4.21				
STREET ADDRESS		INDIAN RIVER DR					r address		
CITY-ST-ZIP	JENSEN	BEACH FL					ST-ZIP		
TITLE				☐ DELETE	5.1 T	TLE		☐ Change ☐ Addition	
NAME					5.2 N	AME	ŀ		
STREET ADDRESS					5.3 S	REET	ADDRESS		
CITY-ST-ZIP	<u> </u>			·	5.4 C	TY-S	ST - ZIP		
TITLE				DELETE	61 T			Change Addition	
NAME					6.2 N				
STREET ADDRESS					6.3 S	REET	ADDRESS		
CITY-ST-ZIP					6.4 C	TY-S	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.

3/26/98

561/229-8575