

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000085667 (2)**

1. Corporation Name  
**B & B CONSULTING SERVICES, INC.**



Principal Place of Business: **631 U.S. HIGHWAY ONE SUITE 206-A NORTH PALM BEACH FL 33408**  
Mailing Address: **1120 LASKIN RD VA BEACH VA 23451 US**

3. Date Incorporated or Qualified <b>12/10/1993</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>52-1857075</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**SMITH, LAWRENCE W  
701 U.S. HWY. ONE  
SUITE 402  
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
81 Name: **Alfred J. Malefatto**  
82 Street Address (P.O. Box Number is Not Acceptable): **777 South Flagler Drive, Suite 310 E**  
83  
84 City: **West Palm Beach** FL 85 Zip Code: **33401**

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, and hereby accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: **Alfred J. Malefatto** (NOTE: Registered Agent signature required for this filing) DATE: **4/12/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, EDWARD S SR.</b>	12 NAME	
STREET ADDRESS	<b>631 U.S. HWY. ONE, SUITE 206-A</b>	13 STREET ADDRESS	
CITY-STATE-ZIP	<b>NORTH PALM BEACH FL 33408</b>	14 CITY-STATE-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILMER, ANDREA M.</b>	22 NAME	
STREET ADDRESS	<b>1120 LASKIN RD</b>	23 STREET ADDRESS	
CITY-STATE-ZIP	<b>VA BEACH VA</b>	24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

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

SIGNATURE: **Trees** (NOTE: Signature and typed or printed name of signing officer or director) DATE: **4/14/96** Duplicate Form # **804422307**

CR2E034 (12/95)