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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 317364

(8)

DOBY SALES CORPORATION

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Mailing Address

P.O. BOX 811057 BOCA RATON FL 33481-1057 P.O. BOX 811057 BOCA RATON FL 33481-105



BOCA RATON FL 33481-1057	BOCA RATON FL 33481-1	ימט		
			3. Date Incorporated or Qualified	3a. Date of Last Report
			05/31/1967	05/01/1995
2. Principal Place of Business	2a. Mailing Address	~	4. FET Number	Applied For
21 21195 Boca Rio Road	26 P. O. BOX	53	59-1168454	Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	See Required
City & State	City & State		6. Election Campaign Financing	5.00 May Be
23 Boca Raton, Fl.	28 Boca Rut	on, Pl.	Trust Fund Contribution	Added to Fees
Zip Country	Ζφ	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24 334 33 25 USA		30 USA	Florida Statutes 😾 Yes	[] No
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New F	legistered Agent
		B1 Name		
HOWELL, JAMES O		82 Street Add	dress (P.O. Box Number is Not Acceptat	(a)
21195 BOCA REO RD.		02 Olicei Acid	areas (r.o. box Number is Not Acceptac	ne)
BOCA RATON FL 33433		83		
		84 City		B5 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the above named coro	oration submits this statement for the pur	ruose of changing its registered office
or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Sec	ida. Such change was authorized	by the corporation's boa	and of directors. Thereby accept the app	ontment as registered agent. I am
SIGNATURE Signature, typed or printed name of registered ager	wax	Registered Agent signature review		DA'F
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	- W. L W L
THE CS	☐ DELFTE	1 1 TITLE		☐ Change ☐ Addition
NAME HOWELL, JAMES O		1.2 NAME		
STREET ADDRESS 21195 BOCA REO RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON, FL 00000 334	133	1.4 CHTY - ST - ZIP		
TITLE TD	DELETE	2 1 DTLF		Change Addition
NAME HOWELL, MICHAEL J	/	2.2 NAME		
STREET ADDRESS 21195 BOCA REO RD.	/	2.3 STREET ADDRESS		
CITY-S1-ZIP BOCA RATON, FL 00000 FL	33433	24 CHY ST-ZP		
TILE PD	DELETE	3 1 TITLE		Change Addition
NAME HOWELL, RICHARD J		3.2 NAME		İ
STREET ADDRESS 21195 BOCA REO RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP BOCA RATON, FL 00000 FL	33433	3.4 CITY - ST - ZIP		
TOTLE	☐ DELETE	4 1 Till E		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-S1-ZIP		4.4 City - St - ZiP		
TILL	DELF IE	5 1 TILE		Change Maddition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
C-TY - ST - ZIP				
THE	DELETE	5 4 C(1Y - ST - 7(F) 6 1 TITLE		Change Addition
NAME	C	6 2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
117-ST-ZIP 14. I do hereby certify that the information supplied	with this filing is voluntarily furnish	64 CITY-ST-ZIP	for the execution stated in Section 110	07/3/f/) Florida Statutes fudhas

• Too hereby comity that the information supplies with this lining is voluntarily furthered and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. Hurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my synature shall have the same legal effect as if made under oath: that I am an officer or director of the comporation 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 organ attachment with an adoress.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96 (407) 852-5899