### SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT

1998

CHOM DUBBERO INC

DOCUMENT #



#### FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(6)

# FILED Jul 14 1998 8:00am Secretary of State

SHUAL	DUILDENS INC							
Principal Plac	e of Business		Mailing Address					- THE LIEU THE THE THE TANK THE
7420 BONDSBERRY COURT			7420 BONDSBERRY COURT					
BOCA RATON	BOCA RATON FL							
								DO NOT WRITE IN THIS SPACE
ļ								3. Date Incorporated or Qualified
								06/26/1967
2. Principat Place of Business			2a. Mailing Address					4. FEI Number Applied For
21			26					59-1258230   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired   \$8.75 Additional Fee Regulred
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	Zip Country		Zip	Zip Cou				8. This corporation owes or has paid the current year intangible
24	• 25	2	29	Ţ	30			Personal Property Tax due June 30. Yes No
	9. Name and Add	iress of Current Re	gistered Agent					10. Name and Address of New Registered Agent
BRIZ	el, robert				ļ	81	Name	
100	i Ives dairy RD. 🛭	<b>#204</b>			1	B2 Street Address (P.O. Box Number is Not Acceptable)		
MIAI	VII FL <b>3</b> 3179				ļ			
						83		
					ļ	84	City	85 Zip Code
44 5			10074500 Fire					FL 3 Zip Code
office or	registered agent, or be	oth, in the Stale of F	Iorida Such char	nge was at	uthorized	bv:	the corpo	orporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I	am fa <b>mi</b> liar with, and a	accept the obligation	ns of, section 607.	.0505, Flor	ida Statı	ıtes.		
SIGNATURE	Signalute, typed or printed na	ame of registered gaent and	title (I evoluceble.	NOT	F : Register	ed Ap	ent sionalu	re required when reinstating) DATE
12.		OFFICERS AND D			13.		join orginal	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		D	ELETE	1.1 7   7	ιŧ		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	ORLOVE, DORIS				1.2 NA	ME		
STREET ADDRESS 7420 BONDSBERRY CT				1.3 STREET ADDRESS			ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	L 00000			1.4 CIT	Y-ST-	ZIP	
TITLE	ST		DE	LETE	2.1 TIT	LE	ļ	Change Addition
NAME	ORLOVE, ALLAN				2.2 NA	WE		·
STREET ADDRESS	7420 BONDSBER				2.3 STF	REETA	ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	L 00000	· · · · · · · · · · · · · · · · · · ·		2 4 CIT		ZIP	
TITLE			L] DE	ELETE	3.1 TIT			Change Addition
NAME					3.2 NA		İ	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP					3.4 C/T		ZIP	
TITLE			[] Di	ELETE	4.1 TIT			Change Addition
NAME					4.2 NA			
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP	·		r=1		4.4 CIT 5.1 TIT		ZIP	
TITLE			L. J.D.	titlt	5.2 NAI			Change Addition
NAME OTREET ADDRESS							ADDRESS	
STREET ADDRESS					5.4 CIT			,
CITY-ST-ZIP			[_] DI		6.1 TIT		¥ (F)	Change Adition
NAME			[_] DI	LVETE	6.2 NA		İ	socoessocal "6" "7"\\
STREET ADDRESS							ADDRESS	-07/16/9801005032
HOUNESS	l				6.4 CIT			***150.00
CITY-ST-ZIP	1				0.4 (-1)			

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 of 105the empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on air attachment with an address.



Devision of loop P.O. Box 6337 Tallabrassee, Fla 323,4 July 1st 1998
Re: Shoal Bulders
Pre.

Phave Just received your 1998
Profit Corporation annual Region to Form. I have never secured that form prior to now and immediately Called your office at 488-9000. I was advised to send your # 150.00 along with the form which I have now done.

take Case of everything, Preman

Very truly your SHONE BUILDERS IN