

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90054 032 \*\*\*150.00

DOCUMENT # 369993

Corporation Name  
SUBO, INC.

Place of Business  
V SHOOP  
S. E. 17TH STREET  
FL 33316

Mailing Address  
%THOMAS V SHOOP  
2410 S. E. 17TH STREET  
FT LAUDERDALE FL 33316  
US



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>09/18/1970   |  |
| 4. FEI Number<br>59-1366705   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|  |   |
|--|---|
| 1. Place of Business<br>220 MIAMI RD.<br>Apt. #, etc.<br>SUITE #6<br>FT LAUDERDALE, FLA<br>33316 | 2a. Mailing Address<br>26 1220 MIAMI RD<br>Suite, Apt. #, etc.<br>27 SUITE #6<br>City & State<br>28 FT LAUDERDALE, FLA<br>Country<br>25 USA<br>Zip<br>29 33316<br>Country<br>30 USA |
|--|---|

SHOOP, THOMAS V  
2410 S. E. 17TH STREET  
FT LAUDERDALE FL 33316

|  |                      |
|--|----------------------|
| 10. Name and Address of New Registered Agent                             |                      |
| 81 Name<br>Shoop, Thomas V.  |                      |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br>1220 MIAMI ROAD |                      |
| 83   |                      |
| 84 City<br>FT LAUDERDALE FL  | 85 Zip Code<br>33316 |

I, the undersigned, certify that I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent.

Signature, typed or printed name of registered agent and title if applicable: Thomas V. Shoop V.P. (NOTE: Registered Agent signature required when reinstating) DATE: 2-1-99

| OFFICERS AND DIRECTORS   |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|--|---------------------------------|---|---|
| PD<br>PEREZ, BOLIVAR<br>2410 S E 17TH ST<br>FT LAUDERDALE FL     | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V<br>SHOOP, THOMAS V<br>2410 SE 17TH STREET<br>FT. LAUDERDALE FL | <input type="checkbox"/> DELETE | 1.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 2.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 3.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 4.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 5.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP                                       |   |
|  | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | <input type="checkbox"/> DELETE | 6.2 NAME  |   |
|  | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS                                    |   |
|  | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP                                       |   |

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas V. Shoop THOMAS V. SHOOP 1-4-99 754-462-0880  
Date Daytime Phone #

CR2E034 (11/98)