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**

DOCUMENT # 540063 1. Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90066 003 ***150.00

BOBICH	IAMBERS HOUFING INC.								
Principal Place of Business Mailing Address							il Azatı bibli	110 11 1 1	OLI BIBIL 1001
3000 N.E. 47 STREET 3000 N.E. 47 STREET									
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064			i 4	•		{			
						DO NOT WRITE IN TH		E	
	,	÷				3, -Date Incorporated or Qualifed-			
D. D. College Address						05/26/1977	—т	-	E .
2. Principal Place of Business 2a. Malling Address						4. FEI Number	.}-	Applied For Not Applicable	
21	21 26 Sulte, Apt. #, etc. Sulte, Apt. #, etc.					59-1746315	\$8.75 Additional		
						5. Certificate of Status Desired Fee Required			
City & Stat	City & State City & State					6. Election Campaign Financing			May Be
23	28								riay be Fees
Zip	<u> </u>		Country			8. This corporation owes the current year			
24	25	29 3	0			Personal Property Tax.	Ye		□No
 1	9. Name and Address of Curren		<u>, </u>			10. Name and Address of New Registers	d Agent		
		- *	81	Na	me				
CHAMBERS, ROBERT A.				- C+-	ant Addra	ss (P.O. Box Number is Not Acceptable)			
3000 NE 47 STREET			82	Sil	eer Audre:	ss (F.O. Box Number is Not Acceptable)			
LIGH	ITHOUSE POINT FL 33064		83	1					
				1			1051	7: 0	
:			84	Cit	у	F	L 85	Zîp C	ode
11 Pursuant	to the provisions of Sections 607.050;	2 and 607:1508; Florida Statutes	the abov	e-nar	ned corpo	ration submits this statement for the purpose	of changi	ng its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auti ions of Section 607,0505, Florid	horized by la Statutes	the c	orporation	's board of directors. I hereby accept the ap	pointment	as reg	jistered
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	egistered Age	nt signa	ture required	when reinstating) DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	D ·	☐ DELETE	1.1 TITLE		- }	•	☐ Ch	ange	Addition
NAME	CHAMBERS, ROBERT A.		1.2 NAME		[•
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY-8	1.4 CITY-ST-ZIP					
mre :	S	☐ DELETE	2.1 TITLE		1		☐ CH	ange	☐ Addition
NAME	CHAMBERS, NANCY		2.2 NAME		}				
STREET ADDRESS	3000 N.E. 47 STREET			2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-				· ————		
TITLE	P	☐ DELETE	.3.1 TITLE			يو پ	[_] Ch	ange	Addition
NAME	KOENKE, JEFFREY M.	•	3.2 NAME		1				ĺ
STREET ADDRESS	2001 NE 30 COURT			3.3 STREET ADDRESS					
CITY-ST-ZIP				3.4. CITY-ST-ZIP					- A 1295-
TITLE		☐ DELETE	4.1 TITLE		ł		[] Ch	ange	☐ Addition
NAME			4.2 NAME		-	•			
STREET ADDRESS			4.3 STREE	T ADDR	ESS				
CITY-ST-ZIP	<u> </u>	——————	4.4 CITY-S	T-ZIP	<u> </u>				FT A della
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME]		□ Ch	ang e	Addition
NAME.				TADOO	Eee				
STREET ADDRESS			5.3 STREE		E33 /				
CITY-ST-ZIP	<u> </u>	DELETE	5.4 CITY-S	1-212			<u> </u>	2000	Addition
TITLE		☐ DETE IE	6.2 NAME		{		☐ Ch	aliye	L"1 vanangij
NAME			6.3 STREE	TADDO	cee				
STREET ADDRESS	i		■ 0'9 9 LKEE	HUUR	E33				
CITY-ST-ZIP			6.4 CITY-S	T 710	- 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 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 op an attachment with an address, with all other like empowered.

SIGNATURE