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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602263

(6)

Mailing Address

THEODORE P. SOBO, P.A.

Principal Place of Business

FILED
May 06 1997 8:00am
Secretary of State



LANTATION, FL 33322			[
FORT-LAUDERDALE FL-33316-1807 10380 N.W. 1049; PLANTATION, FL 33322			3. Date Incorporated or Qualified 07/20/1970	3. Date Incorporated or Qualified 3a. Date of Last R 07/20/1970 04/26/1996	
Principal Place of Business 2a. Mailing Ad	Idress	rl			plied For
10380 N.W. 10th St 26 1038	ON.W.1	0,0	59-1304496	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. 27 LA	idross N.W./ #, otc. JTNTU/J	(2. 333)	5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
	NNTON			\$5.00 Added	May Be to Fees
25 Country U.S.A.	シント 30 ()SA	8. This corporation has liability for i	Yes No	. 199.032,
9. Name and Address of Current Registered Agen	<u>t</u>		10. Name and Address of New Re	·	
SOBO,THEODORE P TISSUE SE SRD AVENUE TO LAUDERDALE FL 33316		0.0	COLORS 1. SOBO Address (P.O. Box Number is Not Acceptable 3 RO N.W. 1075 ST		Code
		$ P_i ^{2m}$	LANTATION	- FL ゚゚゚゚ <i>ゔ</i> ゚゚゚゚	Code > 3 2 2 2
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Floorfice or registered agent, or both, in the State of Florida. Such chapent. I am familiar with, and accept the obligations of, Section 60. 	iange was authoriz	ed by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of changing it It the appointment as	.s registered registered
IGNATURE: Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Ragisto	red Agont signature (required when reinstating)	DATE	
CONTRACTORS OFFICERS AND DIRECTORS	18		ADDITIONS/CHANGES TO OFFIC		
	DELETE 1,1	TATL€	PRES. DRECTOR THEO 10380 N.W. 1015 ST PLANTATION FL 33	Change	Addition
AME GOBO, THEODOREP NEW APPRES	S 1.2	NAME	10380 N.W. 10155	PURE F. SUR.	
TREET ADDRESS 1823 SE 3RU AVENUE		STREET ADDRESS	PLANTATION FL 33	322	,
TY-ST-ZIP FT-LAUDERDALE-FL		C(TY - ST - Z(P	1		
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··· _		TITLE		☐ Change	Additio
AME	6.2	NAME			
TREET ADDRESS	6.3	STREET ADDRESS			
ITY-ST-ZIP 1. I do hereby certify that the information supplied with this filing doi information indicated on this annual report or supplemental annual	6,4	CITY-S1-ZIP			