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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F03577 1. Corporation Name

BOB-CAP INDUSTRIES, INC.

Principal Place	e of Business	Mailing Address						
75 COMMERCE CENTER		75 COMMERCE CENTER						
2631 W 81 ST.		2631 W 81 ST.			DO NOT WRITE IN TH	IIS SPACE	•	
HIALEAH FL 33016		HIALEAM PL 33UT6	HIALEAH FL 33016		3. Date incorporate		IIO OFACE	
					10/29/1980			
Principal Place of Business 2a. Mailing Address				4, FEI Number			plied For	
21		26			59-2057185			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Star	tus Desired	\$8.75 A Fee Re	I .
22		27		.				
City & State City & State		ь .			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
23	O. stee	28	Country					0 Lees
Zip	Country	Zip	¬ ′			owes the current year	Intangible Yes	□No
24	25	29 30	<u>v </u>		Personal Proper	ty ⊤ax. ress of New Register		
	9. Name and Address of Cur	rent Kegistered Agent	81	Name		1000 Of Hom Hollister		
GOI	DSTEIN, BOB							
	W. 81 STREET		82	Street Addr	ress (P.O. Box Number	is Not Acceptable)	•	
	EAH FL 33016		83			ر ه میروارد . دخت دهارد اورد	<u>i taliti yan ya kiliti</u> kito na 2000 kiloni i	16,152
THAL	EATTE OOGIO		63			かい 付護機能		3 3 3
			84	City		F	85 Zip C	Code
office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	usuz and ob. 1306, Florida Statutes, ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	nonzea by	the corporation	on's board of directors.	і пегеру ассері (пе ар	pointment as re	gistered
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14. 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 of the rejeiver 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90036 013 ***150.00