

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G45561**

(9)

1. Corporation Name

**BOB FENTON & ASSOCIATES, INC.**

Principal Place of Business

**4390 N. FEDERAL HWY SUITE 208  
FT. LAUDERDALE FL 33308**

Mailing Address

**4390 N. FEDERAL HWY SUITE 208  
FT. LAUDERDALE FL 33308**



2. Principal Place of Business

21 **3720 NORTH 55 AVENUE**

Suite, Apt. #, etc.

22 **ATT: R. FENTON**

City & State

23 **HOLLYWOOD, FLORIDA**

Zip

24 **33021-2209**

Country

25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**06/14/1983**

3a. Date of Last Report

**04/26/1995**

4. FEI Number

**59-2295975**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FENTON, ROBERT I  
4390 NORTH FEDERAL HIGHWAY  
#208  
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name

**ROBERT I. FENTON**

82 Street Address (P.O. Box Number is Not Acceptable)

**3720 NORTH 55 AVENUE**

83

**HOLLYWOOD, FLORIDA 33021-2209**

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.1502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Fenton*

**No change of registered agent requested. Address change only.**

12. OFFICERS AND DIRECTORS

TITLE **PVTS** ☐ DELETE  
NAME **FENTON, ROBERT I**  
STREET ADDRESS **3720 NORTH 55 AVENUE**  
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **33021-2209**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or in an attachment with an address.

SIGNATURE:

*Robert Fenton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT FENTON

**4/15/96**

CR2E034 (12/95)