

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 28 1996 8:00 am
Secretary of State

DOCUMENT # **G94553** (6)
1. Corporation Name
S & M BOBCAT, INC.



Principal Place of Business		Mailing Address	
% JOHN L. FREY 711 N.W. 69TH AVENUE MARGATE FL 33063		% JOHN L. FREY 711 N.W. 69TH AVENUE MARGATE FL 33063	
2. Principal Place of Business		3a. Date of Last Report	
21 Suite, Apt. #, etc.		05/23/1995	
22 City & State		3. Date Incorporated or Qualified	
23 Zip		04/04/1984	
24 Country		4. FEI Number	
25		59-2403918	
26		5. Certificate of Status Desired	
27		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		6. Election Campaign Financing Trust Fund Contribution	
29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			
FREY, JOHN L. 711 N.W. 69TH AVENUE MARGATE FL 33063			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and title, if applicable.

(If the Registered Agent signature required when reinstating, Date)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FREY, JOHN L.	1.2 NAME	
STREET ADDRESS	711 N.W. 69TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	FREY, KELLY A.	2.2 NAME	
STREET ADDRESS	711 N.W. 69TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kelly Frey Kelly Frey

6/25/96 (305) 968 8222

CR2E034 (3/96)