


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H10940** (5)

1. Corporation Name  
**BOBELCO, INC.**

Principal Place of Business

Mailing Address

**7235 MAIDA LANE, 5A  
FT. MYERS FL 33908-4203  
US**

**P.O. BOX 2788 NA  
FT. MYERS BEACH FL 33932-2788  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7661 Woodland Bend Circle</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>7661 Woodland Bend Circle</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/05/1984</b>	
22 City & State <b>Fort Myers, Florida</b>		27 City & State <b>Fort Myers, Florida</b>		4. FEI Number <b>59-2447540</b> Applied For Not Applicable	
23 Zip <b>33912</b>		28 Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHELPS, ELEANOR J.  
7235 MAIDA LN 5A  
FORT MYERS FL 33908**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) <b>7661 Woodland Bend Circle</b>
83	
84	City <b>Fort Myers</b>
85	Zip Code <b>FL 33912</b>

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <b>PHELPS, ROBERT F.</b> STREET ADDRESS <b>7235 MAIDA LN 5A</b> CITY-ST-ZIP <b>FORT MYERS FL</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>7661 Woodland Bend Circle</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>Fort Myers Florida: 33912</b>
TITLE	PD <b>PHELPS, ELEANOR</b> STREET ADDRESS <b>7235 MAIDA LN 5A</b> CITY-ST-ZIP <b>FORT MYERS FL</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>7661 Woodland Bend Circle</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Fort Myers Florida: 33912</b>
TITLE	STD <b>CORKRAN, RICHARD L JR.</b> STREET ADDRESS <b>6404 21ST AVE W</b> CITY-ST-ZIP <b>BRADENTON FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <b>KLOPP, CHARLOTTE R.</b> STREET ADDRESS <b>215 CYPRESS WAY EAST, C6</b> CITY-ST-ZIP <b>NAPLES FL</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	<b>116 Coral Vine Drive</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Naples Florida: 34110</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

**ELEANOR J. PHELPS**

3/11/98

(941) 768-1220

CR2E034 (10/97)