

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H49973** (1)

1. Corporation Name

BOBRO ENTERPRISES, INC.

Principal Place of Business

11217 BOCA WOODS LN
BOCA RATON FL 33428

Mailing Address

11217 BOCA WOODS LN
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

APPROVED
AND
FILED

95 APR 20 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: **04/02/1985**
3a. Date of Last Report: **04/29/1994**

4. FEI Number: **65-0338199**
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

2. Principal Place of Business
21 **9298 B Boca Gardens Pkwy**
22 Suite, Apt. #, etc. **B**
23 City, State **BOCA RATON FL**
24 Zip **33496-1761**
25 Country **Palm Beach**
26 Mailing Address
27 **9298 B Boca Gardens Pkwy**
28 Suite, Apt. #, etc. **B**
29 City, State **BOCA RATON FL**
30 Zip **33496-1761**
31 Country **Palm Beach**

9. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M.
8551 W SUNRISE BLVD, STE 100A
FORT LAUDERDALE FL 33322

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, as applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SINGER, ROBERTA
STREET ADDRESS	11217 BOCA WOODS LANE
CITY - ST - ZIP	BOCA RATON FL
TITLE	DVP
NAME	SINGER, RONALD
STREET ADDRESS	11217 BOCA WOODS LN
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9298 B BOCA GARDENS PKWY
1.4 CITY - ST - ZIP	BOCA RATON FL 33496-1761
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9298 B BOCA GARDENS PKWY
2.4 CITY - ST - ZIP	BOCA RATON FL 33496-1761
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, in attachment with an address.

SIGNATURE: **Ronald Singer**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95
467488757v
DATE