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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H49973

BOBRO ENTERPRISES, INC.

Mailing Address

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90194 012 ***150.00

10532 PEBBLE (BOCA RATON F US		10532 PEBBLE COVE LN BOCA RATON FL 33498 US			DO NOT WRITE IN THE 3. Date Incorporated or Qualified 04/02/1985	S SPACE	
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pp ied For
21		26		03 1030 133		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & S ate		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		,	
Zip	Country 25	Zip Cou 29 30			This corporation owes the current year Intar Personal Property Tax.		[]No
9. Name and Add ess of Current Registered Agent					10. Name and Address of New Registeres	Agent	
			81	Name			
BLOOMGARDEN, PAUL M. 8551 W SUNRISE BLVD, STE 100A			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
FORT	T LAUDERDALE FL 33322		83				
		\ \ \	84	' '	FI		Code
11. Pursuant to the provisions of Scictions 607.0502 and 607.150d Flortda 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. Shariful tange was authorized by the corporation's board of cirectors. I hereby adoept the appointment as registered agent, am familiar with, and accept the obligations of Sections 607.0502 and 607.0502 florida Statutes. SIGNATURE Signature food of timbed as the organization and title if applicable. (NOT:: Registered Agent signature required when reinstating)							
	Signatura, typed or printed name of registered agen			nt signature rec	ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	OE'S IN 12
TITLE		DIRECTORS DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS	Change	
NAME	DP DOBEDTA		12 NAME				
STREET ADDRESS	SINGER, ROBERTA 10532 PEBBLE COVE LN			TADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33498		1.4 CITY- S				
TITLE	DVP	☐ DELETÉ	2.1 TITLE			☐ Change	Addition
NAME	SINGER, RONALD		2.2 NAME				
STREET ADDRE 3S	10532 PEBBLE COVE LANE		2.3 STREET ADDRESS				}
CITY-ST-ZIP	BOCA RATON FL 33498		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE			Change	☐ Addition
NAME			3.2 NAME				1
STREET ADORE 3S	RE 3S			T ADDRESS			
CITY-ST-ZIP	DELETE		34 CITY-5	ST-ZIP		Change	Addition
TITLE	☐ DELETE		4.1 TITLE			_ 5cgc	
NAME			l .	j			1
STREET ADDRESS	· ·		4.4 CITY-S	T ADDRESS			1
TITLE	☐ DELETE		5.1 TITLE	11-231		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	Λ		53 STREE	TADDRESS			
CITY-ST-ZIP	/\		5.4 CITY- S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY- S	T-ZIP			

14. I hereby certify that the information supplies 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 of supplies pated 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 colororation by Jurian tender or or trustee empowered to execute this freport as required by Chapter 607. Florida statutes; and that my name appears in Block 12 or Block 13 if chapted by the partial and ment with an address, with all other like empowered.

SIGNATURE:

IND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

Daytime Phone #