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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90034 035 ***150.00

1. Corporation	MENT # J61993 BOBCATS INC.						
Principal Plac	ce of Business	Mailing Address			- I (Bâttin Bin Bint tiêtê lette (bine jit) êteli dibir d		1 01811 91911 1991
% JESSE HAMMONTREE % JESSE HAMMONTREE					ļ		
11096 60TH ST N 11096 60TH ST N							
ROYAL PALM	YAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411				DO NOT WRITE IN THIS SPACE		
j					3. Date Incorporated or Qualifed		
					03/09/1987 4. FEI Number	т.	
2. Principal I	Place of Business	2a. Mailing Address			1 -7		Applied For
21		26 Suite Ant # oto			59-2777033		Not Applicable Additional
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		Required
City & Sta	· · · · · · · · · · · · · · · · · · ·	City & State	<u> </u>	• • •	o Florida Consolina Financina		· · · - · · · ·
- '	116	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
23 i	Country	Zip	Cou	ntrv	This corporation owes the current year Intangian		3 10 1 000
 , '	25	─ `	30			Yes	□No
24	9. Name and Address of Current	<u></u>	301		10. Name and Address of New Registered Age	nt	
- i	3. Haile did Address of Carrent	togiotaros rigoni		81 Name			
HAI	MMONTREE, JESSE						
	11096 60TH ST N			82 Street Addre	ess (P.O. Box Number is Not Acceptable)		}
	YAL PALM BEACH FL 33411	,		83			
-	•	•					
1	· ~	يدوري مست		84 City	FI 8	5 Zir	Code
1 5	4.4- 4bini	and 607 4509. Elorida Statuto	e the at	ovo named com	oration submits this statement for the purpose of cha	naina i	ts registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation:	r Florida, Such change was au ons of, Section 607.0505, Flori	thorized da Stati	by the corporation tes.	on's board of directors, I hereby accept the appointment	ent as	registered
	Signature, typed or printed name of registered agent a			Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND D	NDECT	OPS IN 12
12.	OFFICERS AND	DELETE	13.	<u> </u>		Change	
TITLE	P HANNONTOET JESSE	C Deterie			_	1 0.1.0.1.9	
NAME	HAMMONTREE, JESSE		1.2 NA				1
STREET ADORESS				REET ADDRESS			ļ
CITY-ST-ZIP	ROYAL PALM BCH FL	☐ DELETE		Y-ST-ZIP		Change	≥ ☐ Addition
TITLE	V	□ oereie	2.1 111			Chung	,
NAME !	HAMMONTREE, ROSE C.		2.2 NA		·		
STREET ADDRESS			' I - L	REET ADDRESS	ري اين الاخ <u>اص هي.</u> هين اياد در اين يحاديث ياد اين اياد	, .	
CITY-ST-ZIP	ROYAL PALM BCH FL		_	TY-ST-ZIP		l Ch	Addition
TITLE		☐ DELETE	3.1 TIT	LE	L	Change	Addition
NAME !			3.2 NA	ME			
STREET ADDRESS	s		3.3 ST	REET ADDRESS			
CITY-ST-ZIP			_	TY-ST-ZIP		101	Addition
TITLE		☐ DELETE	4.1 TIT	Œ	· L	Change	a
NAME			4.2 N	WE			ļ
STREET ADDRESS	s		4.3 ST	REET ADDRESS			i
CITY-ST-ZIP			4,4 CI	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT		·	Change	Addition
NAME			5.2 NA				
STREET ADDRESS	s		5.3 ST	REET ADDRESS			
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE	. [Change	Addition
NAME			6.2 NA	ME			1
STREET ADDRES	s		6.3 ST	REET ADDRESS			
CITY OT 710	1 .		6.4 CI	Y-ST-ZIP			

14. 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, with all other like empowered.