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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J71169

(3)

BOB MOORE SERVICES, INC.									
Principal Place of Business Mailing Address							OLDER DIDER OF	<b>8</b> 49 <b>8</b> 1811 <b>8</b> 4811	i Bigit (BB)
2633 BACCARAT DR. 4800 S.W. 94TH AVENUE   COOPER CITY FL 33026 MIAMI FL 33165-6544						į			
						3. Date Incorporated or Qualified 05/05/1987		te of Last F <b>26/1996</b>	Report
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applie		pplied For	
26						65-0056481			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for	intangible t	lax under s	199.032,
24	25	29	30		· · · · · · · · · · · · · · · · · · ·		Yes [	1.	
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Re	gistered A	gent	
CAF	RTER, RICHARD C. TE 801, NEW WORLD TOWER		- 1	61	Name				
		1	82 Street Address (P.O. Box Number is Not A			ole)			
	NORTH BISCAYNE BLVD.		}	83				~···	
MIA	MI FL 33132								
				84	City		FL	<b>85</b> Zip	Code
agent. I a	Signature, typed or printed name of registered agr	nc and title diapplicable (NO)				oration submits this statement for the pon's board of directors. Thereby accepted when reliciting)	DATE		
12.	OFFICERS AN		13,			ADDITIONS/CHANGES TO OFFICE			
TITLE	DP	DELETE	1.1 Til		ļ		l	L Change	☐ Addition
NAME	MOORE, ROBERT M., JR. 4800 S.W. 94TH AVENUE		1.2 NA						
STREET ADDRESS	MIAMI FL				DORESS				
CITY-ST-ZIP TITLE			2.1 TIT	Y-ST-	ZIP			Change	Addition
NAME	<u>,                                    </u>			22 NAML			,		
STREET ADDRESS				23 STRLET ADDRESS					
CITY-ST-ZIP			2. 4 Cl						
TITLE		DELETE	3.1 1 1	LE				Change	Addition
NAME			3.2 NA	M(					
STREET ADDRESS			3.3 \$1	REE1 A	DDRESS				
CITY-ST-ZIP		DELETE	3.4. CI		- ZIP		<del></del>	Change	Addition
TITLE		La Valeit	4.1 1)1			•	I		[] Monition
STREET ADDRESS			4 2 NA		DDRESS				
					l.				
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT		20			Change	Addition
NAME		-	5.2 NA					. •	
STREET ADDRESS			- 1		DORESS				
CITY-ST-ZIP			5.4 CIT		i	•			
TITLE		DELETE	6 1 TIT					Change	Addition
NAME			62 NA	ME	į				
STREET ADDRESS			6.3 ST	REET A	DDRESS				
CITY-ST-7IP			6400	Y. SI.	710				

14. I do 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 agreet report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the collipporation 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.

**FILED** 

Jun 26 1997 8:00am

Secretary of State