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

DOCUMENT # **J71295**

MOBIS CORPORATION

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

02-22-1999 90114 001 ***150.00



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Principal Place of Business Mailing Address						- 	lai mili menti al	an eten eien :	81811 81811 1881
13630 58TH ST SUITE 103	REET NORTH	13630 58TH STREET NORTH SUITE 103							
CLEARWATER FL 34620 CLEARWATER FL 34620						DO NOT WRITE IN THIS SPACE			
}						3. Date incorporated or Qualifed 05/04/1987			}
2. Principal P	t. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For
21	26					59-2801058		No	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
Zip	Country Zip Col			ntry		Trust Fund Contribution			to Fees
24	25 29 30			iu y		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent						10. Name and Address of New R	legistered /		
81 Name									
HADLOW, RICHARD B.				20	Ohu ah Balahan	(D.O. D. M.)	LIEV		
220 S. Franklin St.				82	Street Addres	dress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602),	83					
ĺ			}	84	City			85 Zip	Code
			}	- 1	•		<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	the ab	ove-i	named corpor	ration submits this statement for the	purpose of our	changing its	registered egistered	
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 of applicable. (NOTE: Registered Agent signature required when rejnstating) DATE									
12	Signature, typed or printed name of registered agent OFFICERS AND		gistered A	Agent s	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AN	D DIRECTO	DPS IN 12
12.	PV	DELETE	1.1 TITL			ADDITIONS/CHANGES TO OF	FIOEING AIN	Change	Addition
NAME	TTER, JEFFREY L 12N							_ ,	_
STREET ADDRESS	13630 58TH ST NORTH #103		_	_	DORESS				1
CITY-ST-ZIP	OLEADWATED EL GOZGO			1.4 CITY-ST-ZIP					
TITLE	ST	☐ DELETE	2.1 TITL					Change	Addition
NAME	01		2.2 NAM	ИΕ	ľ				ŀ
STREET ADDRESS	13630 58TH ST., N. #103		2.3 STR	REET A	DDRESS				
CITY-ST-ZIP	CLEARWATER FL		2. 4 CIT	Y-ST-	ZIP 2	33760			
TITLE	Р	☐ DELETE	3.1 TITE	E				Change	☐ Addition
NAME	etter, jeffrey L.		3.2 NAW	ΛE	{				
STREET ADDRESS	13630 58TH STREET NORTH #	103	3.3 STR	REETA	DDRESS	.			
CITY-ST-ZIP	CLEARWATER FL 34620		3.4. CIT	Y-ST-	ZIP .	33760			
TITLE		☐ DELETE	4.1 TITL	Æ)	_		Change	☐ Addition
NAME			4. 2 NA	ME	Í				Í
STREET ADDRESS			4.3 STR	REET A	DORESS				{
CITY-ST-ZIP			4.4 CITY		ZIP				
TITLE		☐ DELETE	5.1 TITL			1 - 1		Change	Addition
NAME			5.2 NAW			· ·			
STREET ADDRESS					DORESS				}
CITY-ST-ZIP			5.4 CITY 6.1 TITL		ZIP				F7 4.120
TITLE		☐ DELETE	l.		-			☐ Change	☐ Addition
NAME			6.2 NAM						
STREET ADDRESS			5.3 STR	EEI A	DDRESS)				ł

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPIO DISPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-531-1427