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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K03366

DOCUMENT # on site Mobilecrete Incorporated

Principal Place of Business 3907 Catalina Drive

3907 Catalina Spbring J.

Sehring 3133872 -3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1987 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2858280 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KROEGER MElving. 3907 Catalina Brive Sebring 31.33872 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Signed resistance printed matter of respectived Applicated Turked applicable. SVOTE Registered Agent's grantin in the pieced wher her state gr DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Kroeger Melvio R. 3907 Cataliba Dr Sebving 31-35872 TITLE TTI DELETE 1.1 Til. € Add-tion NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADORESS CITY - ST - ZIP 14 CITY - \$1-7IP DELETE Keoeger Mory L. 3907 Catalina Dr. Addit on TITLE 2 1 TITLE ☐ Change NAME 2.2 NAME STREET ADDRESS Jebrua H-33672 2.3 STREET ADDRESS CITY - ST - ZIP 24 CITY - S1 - Z-P TITLE ☐ DELETE 3 1 T:TLE Change Addit on NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - S1 - ZIP 100001808311 -05/06/96--01016--026 ***200 00 DELETE THTLE 4. 1 TITLE Addition NAME 4.2 5.45% STREET ADDRESS 4.3 STREET ADDRESS ***200.00 CITY - ST - ZIP 4.4 CiTY - ST - ZIP TITLE DELETE ☐ Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutos, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that in y 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 trusted empowered to oxed ute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or E

SIGNATURE:

(12/95)**E034**