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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K08422

(3)

BOB'S TRAILERVILLE, INC.

## **FILED** Apr 14 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						1 (48191)) 611 68161 18111 61614		#11 #1#11 B1911 B18	
% ANGEL HAM <del>12831 DEVA JST.</del> C <del>ORAL CADLES FL 33158</del>		P.O. BOX 561778							
		-42991 DEVA J87:		ļ	DO NOT WRITE IN THIS SPACE				
				<u> </u>	3. Date Incorporated or Qualified				
					ĺ .	12/22/1987			
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		- Ar	oplied For
21		26 P.O. BOY 56	1778			65-0022971		<b>├</b>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed []	\$8.75	Additional
22 P.O. P	SOX 561778	27				6. Certificate of Status Desire	, L.	Fee Re	equired
City & State	e	City & State			1	<ol><li>Election Campaign Finance</li></ol>		\$5.00	
23 Miam		28 MIGMI, FL				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	'		<ol><li>This corporation owes or h</li></ol>	•		
24 33256	2-1778   25	[29] <i>33256 · 1778</i> [31	0			Personal Property Tax due			No
	9. Name and Address of Current	Registered Agent	81		1	0. Name and Address of Ne	w Hegistere	1 Agent	
	AM, ANGEL		81	Name	ndta	Shin			
12991 DEVA ST.						(P.O. Box Number is Not Acc	eptable)		
CC	DRAL GABLES FL 33156			127	72 C	anellia Ln			
			83						
			84	City				<b>85</b> Zip	Code
				W	eston		F	L     <i>33</i>	326
l office or r	to the provisions of Sections 607.050? egistered agent, or both, in the State on familiar with, and acceptate obligate.	of Florida. Such change was aut ions of, Section 607.0505, Florid	horized by da Statute:	y the corp s.	poration's	s board of directors. I hereby	accept the a	of changing if spointment as 25/98	ts registered registered
			teg stored Agent signature requires		required wit		DATE	ID DIDECTOL	DC IN 10
12.	D OFFICERS AND	OFFICERS AND DIRECTORS  DELETE		13.		ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
	HAM, ANGEL		1.2 NAME			M, ANGEL		E o uningo	
NAME	12001 DEVA ST A JA	malin -				BOX 561778	(N/A	Street	Addro R
STREET ADDRESS	00011 018180-81	mailing -	I -				1000		
CITY-ST-ZIP	-DOMAC GABLES FL	DOLLETE			ma	mi, PL 33256	7778	Change	Addition
TITLE		[ ] occent	2.1 TITLE					Change	L.J Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ĺ				
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TITLE		L Detert	<b>l</b> i !		ļ			L., Change	Addition
NAME			3.2 NAME	********					
STREET ADORESS			3.3 STREET						
CITY-ST-ZIP		Dotacte	3.4 C(1)Y-S1-Z(P		ļ			Change	Addition
TITLE		☐ DELETE	4.1 7 IT LE					☐ Change	T MODITOR
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET						
CITY OT 75D			A A CITY S	1 - 7IP	1				

14. I 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.

5.1 TITLE

5.2 NAME

6.1 717LE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition |

Addition