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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:37

DOCUMENT # **L10167** **(9)**

1. Corporation Name
CBO, INC.

Principal Place of Business	Mailing Address
257 E. PALMETTO PK. RD. BOCA RATON FL 33432 US	80 BROADWAY AMITYVILLE NY 11701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1989	3a. Date of Last Report: 03/08/1994

21 2. Principal Place of Business: 257 E Palmetto Park Rd	26 2a. Mailing Address: 257 E Palmetto Park Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boca Raton FL	28 City & State: Boca Raton FL
24 Zip: 33432 25 Country: U.S.	29 Zip: 33432 30 Country: US

4. FEI Number: 65-0150560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRENNAN, DOROTHY CAROL 257 E. PALMETTO PARK RD. BOCA RATON FL 33432	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE (Registered Agent signature required if changed) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, DOROTHY CAROL	12 NAME	
STREET ADDRESS	1521 S.W. 21ST ST.	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	OTTMAN, MARGARET	22 NAME	
STREET ADDRESS	484 TWIN OAKS RD.	23 STREET ADDRESS	
CITY ST ZIP	UNION NJ	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	OTTMAN, ROBERT	32 NAME	
STREET ADDRESS	484 TWIN OAKS ROAD	33 STREET ADDRESS	
CITY ST ZIP	UNION NJ	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, THOMAS	42 NAME	
STREET ADDRESS	1521 SW 21ST. ST.	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this report is accurate and 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 complete 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.

SIGNATURE: Dorothy C Brennan Pres. 3/27/95 407 391-6898
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — Daytime Phone #