


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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>FLOBAR INC.</i> U2765			
Principal Place of Business <i>9882 GLADES RD. BOCA RATON FL 33434</i>		Mailing Address <i>9882 GLADES RD. BOCA RATON FL 33434</i>	
2. Principal Place of Business <i>21 SAME</i>		2a. Mailing Address <i>26 SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		25	
29		30	
9. Name and Address of Current Registered Agent <i>Florence Appel 11093 Highland Circle Boca Raton FL 33428</i>		10. Name and Address of New Registered Agent <i>81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code</i>	
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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP <i>PRES. FLORENCE APPEL 11093 HIGHLAND CIR BOCA RATON FL 33428</i>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reported 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.			
SIGNATURE: <i>Florence Appel</i>		4-16-97 5614827009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)