

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L75658** (9)

1. Corporation Name

BOB MICHAEL ASSOCIATES, INC.



Principal Place of Business

**10610 WILES ROAD
CORAL SPRINGS FL 33076**

Mailing Address

**10610 WILES ROAD
CORAL SPRINGS FL 33076**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
05/24/1990

3a. Date of Last Report
02/09/1995

4. FEI Number

65-0204068

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

**SCHELIN, RALPH
8791 HOLLY COURT #203
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **RALPH SCHELIN**
82 Street Address (P.O. Box Number is Not Acceptable)
7723 NW 78 PL
83
84 City **TAMARAC** FL 85 Zip Code **33321**

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

Signature typed or printed name of officer, agent, and the applicant.

(If the Registered Agent's signature is required when submitting.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	SCHELIN, RALPH	
STREET ADDRESS	8791 HOLLY CT. 3203	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	DELETE
NAME	MICHAEL PERLIN	
STREET ADDRESS	9765 NW 48TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	Change	Addition
1.2 NAME	RALPH SCHELIN		
1.3 STREET ADDRESS	7723 NW 78 PL		
1.4 CITY-ST-ZIP	TAMARAC, FL 33321		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Michael Perlin* MICHAEL PERLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 (954) 345-1441

Date Daytime Phone

CR2E034 (12/95)