	PROFIT RPORATION			RTMENT OF STATE 3. Mortham		
	JAL REPORT <b>1996</b>			ry of State CORPORATIONS		
OCUI	MENT # N	109668	(8)			
Corporation MOBE	VARD, INC.					
	o of Business	M	ailing Address		t santages ze datih ritih Bitta Bi	IINI INTI NIKIT ATRILAINE AINTI NIKIT ULUT ILUT
C/O MOLLIE 2490 N. PAF HOLLYWOO	RK ROAD #323N		BERNARD WILDER/MOI 300 E 40TH STREET 10 NEW YORK NY 10016 US	BEVARD SV	3. Date Incorporated or Qualified 01/07/1985	•••••••••••••••
Poncipal Pl	ace of Business		Mailing Address		4. FEI Number	03/06/1995 Applied For
Suite, Apl.	#, etc.	26	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
City & State		27	City & State		5. Certificate of Status Desired	Fee Required
	· · · · · · · · · · · · · · · · · · ·	28			6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zφ	Country 25	29	Zip	Country 30	8. This corporation has liability for Florida Statutes	
	9. Name and Addres		tered Agent	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New	
WILDEF	R, Bernard			81 Name		
	. PARK RD.			82 Street Add	ress (P.O. Box Number is Not Accepta	ible)
						· · ·
#323N				83		
#323N HOLLYV	WOOD FL 33021	ns 607.0502 and 60 State of Florida, Such	7.1508, Florida Statutes	84 City	ration submits this statement for the po	FL 85 Zip Code
#323N HOLLYN Pursuânt t or register familiar wit	NOOD FL 33021	IONS OF, SECTOR DOF .	opicable (NOTE	B4 City the above-named corpor d by the corporation's boar Registered Agent signature require		TPDSE OF Changing its registered office pointment as registered agent. I am
#323N HOLLYY Pursuant t or register familiar wit	WOOD FL 33021 to the provisions of Sectio ed agent, or both, in the th, and accept the obligat Subtraction printed name of PD	Trepstered agent and the fra	opicable (NOTE	<b>B4</b> City the above-named corporation's boat	d when reinslating)	urpose of changing its registered office pointment as registered agent. I am
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#323N HOLLYN Pursuânt t or register familiar wit NATURE H ADDRESS S1-7/P	WOOD FL 33021 to the provisions of Sectio ed agent, or both, in the th, and accept the obligat Subtraction printed name of PD	Trepstand agent and the 4 a		B4 City the above-named corporation's boa Begistered Agent signature require 13. 1 1 TILE	d when reinslating)	DATE FICERS AND DIRECTORS IN 12
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