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Apr 22 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 # M09668 (8)

1. Corporation Name  
MOBEVARD, INC.

Principal Place of Business  
C/O MOLLIE WILDER  
2490 N. PARK ROAD #323N  
HOLLYWOOD FL 33021

Mailing Address  
BERNARD WILDER/MOBEVARD  
300 E 40TH STREET 16V  
NEW YORK NY 10016-2146  
US



3. Date Incorporated or Qualified 01/07/1985  
3a. Date of Last Report 03/06/1996

2. Principal Place of Business  
21 2490 N. PARK ROAD  
Suite, Apt. #, etc. #323N  
22 City & State HOLLYWOOD FL  
Zip FL 33021 Country USA  
23 24 25 26 27 28 29 30  
26 300 E 40TH ST.  
Suite, Apt. #, etc. 16V  
27 City & State NEW YORK, N.Y.  
Zip 10012 Country USA

4. FEI Number NOT APPLICABLE  
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  
WILDER, BERNARD  
2490 N. PARK RD.  
#323N  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent  
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 *Bernard Wilder* SECRETARY  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2/3/97

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME WILDER, MOLLIE  
STREET ADDRESS 2490 N. PARK RD #323N  
CITY - ST - ZIP HOLLYWOOD FL 33021  
TITLE T  
NAME SCHWARTZ, BEVERLY  
STREET ADDRESS 269-12A GRAND CENTRAL PK  
CITY - ST - ZIP FLORAL PARK NY 11005  
TITLE C  
NAME WILDER, BERNARD  
STREET ADDRESS 2490 N. PARK RD. #323N  
CITY - ST - ZIP HOLLYWOOD FL 33021  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
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 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.

SIGNATURE: *Bernard Wilder* SECRETARY  
Signature and typed or printed name of signing officer or director DATE 2/3/97

CR2E034 (9/96)