

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90004 024 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M09668** ✓

1. Corporation Name  
**MOBEVARD, INC.**

Principal Place of Business  
**2490 N PARK ROAD  
#323N  
HOLLYWOOD FL 33021  
US**

Mailing Address  
**300 EAST 40TH ST.  
16V  
NEW YORK NY 10012  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/07/1985**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WILDER, MOLLIE**  
STREET ADDRESS **2490 N. PARK RD #323N**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **T** ☐ DELETE  
NAME **SCHWARTZ, BEVERLY**  
STREET ADDRESS **269-12A GRAND CENTRAL PK**  
CITY-ST-ZIP **FLORAL PARK NY 11005**

TITLE **C** ☐ DELETE  
NAME **WILDER, BERNARD**  
STREET ADDRESS **2490 N. PARK RD. #323N**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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 ☐ 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 **WILDER, BERNARD**  
3.3 STREET ADDRESS **300 EAST 40TH ST 16V**  
3.4 CITY-ST-ZIP **NEW YORK N.Y. 10016**

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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/17/99**

Date

**212 398 1600**

Daytime Phone #

CR2EN34 15001

587696-90004-24

MO9668

7/7/99

FLORIDA DEPT OF STATE

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314

GENTLEMEN

ENCLOSED PLEASE FIND MY CHECK FOR  
\$150 - ANNUAL FILING FEE

THIS IS TO ADVISE YOU THAT I HAD  
NEVER RECEIVED THE PRIOR MAILING,  
THEREFORE I CALLED YOUR OFFICE AT 850 466 9700  
TO EXPLAIN. I WAS ADVISED TO WRITE  
YOU & EXPLAIN THE CIRCUMSTANCES.

I THANK YOU FOR YOUR UNDERSTANDING  
IN THIS MATTER.

SINCERELY

Bernard Wilder

BERNARD WILDER

300 EAST 40TH ST / 6Y

NEW YORK N.Y. 10016