

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36716** (1)
1. Corporation Name
O.B.Y.B.A., INC.

Principal Place of Business 149 BROADWAY BOX 5386 DAYTONA BCH FL 32118	Mailing Address 149 BROADWAY BOX 5386 DAYTONA BCH FL 32118
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3. Date Incorporated or Qualified

02/21/1990

4. FEI Number

59-2991356

Applied For
Not Applicable

2. Principal Place of Business

21 595 W. Granada Blvd.

Suite, Apt. #, etc.
22 Suite A

City & State
23 Ormond Beach, FL 32174

Zip Country
24 32174 25 US

2a. Mailing Address

26 595 W. Granada Blvd.

Suite, Apt. #, etc.
27 Suite A

City & State
28 Ormond Beach, FL 32174

Zip Country
29 32174 30 US

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SWEET, JEFFREY C.
149 BROADWAY XX
DAYTONA BEACH FL 32118 XX**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

595 W. Granada Blvd.

83

Suite A

84

City
Ormond Beach

FL

85 Zip Code
32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE
NAME	FERRITTO, RICHARD W	
STREET ADDRESS	149 BROADWAY XX	
CITY-ST-ZIP	DAYTONA BEACH FL 32118 XX	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DORAK, BARBARA X	
STREET ADDRESS	149 BROADWAY XX	
CITY-ST-ZIP	DAYTONA BEACH FL 32118 XX	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	XSBOWSEK, TED X	
STREET ADDRESS	149 BROADWAY XX	
CITY-ST-ZIP	DAYTONA BEACH FL 32118 XX	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	595 W. Granada Blvd., Suite A
1.4 CITY-ST-ZIP	Ormond Beach, FL 32174

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shelly Coluccio
2.3 STREET ADDRESS	595 W. Granada Blvd., Suite A
2.4 CITY-ST-ZIP	Ormond Beach, FL 32174

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peter Flores
3.3 STREET ADDRESS	595 W. Granada Blvd., Suite A
3.4 CITY-ST-ZIP	Ormond Beach, FL 32174

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

3/24/98 904-677-0809

CR2E037 (1097)