FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P93000037392 (6)

B & L BOBCAT, INC.

1543 WEST RIVER DR MARCATE FL 30X83 1543 WEST RIVER DRIVE MARCATE FL 30X83 1554 WEST RIVER DRIVE MARCATE FL 30X83 1555 WEST RIVER DRIVE MARCATE FL 30X83 1556 WEST RIVER DRIVE MARCATE FL 30X83 1557 WEST RIVER DR. 1558										
MARGATE FL 3083 MARGATE FL 3083 MARGATE FL 3083 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1983 SUID. Apt #, etc. 22, Mailing Address 28	Principal Place of Business Mailing Address						e inmelanet tid ibide titti dutt bill bill bill	MINA 14045 18408 1941	FOILE THE COSE	
2. Principal Place of Business 2a. Mailing Address 4. EF Number Applied For Not Not Applied For Not Applied For Not Not Applied For Not Not Applied For Not Not Applied For Not										
2. Principal Place of Business 2a. Mailing Address 4. Fill Number Applied For Not Applicable Sullo, Apt #, etc. Sullo, Apt	MARGATE FL 33063 MARGATE FL 33063			63			DO NOT WRITE IN T	HIS SPACE		
2. Principal Place of Business 2a. Mailing Address 2b. Mailing								THO OF ACE	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 2. As Alling Address 3. E. Mimbber 3. Suile, Apt #, etc. 4. Suile, Apt #, etc. 4. Suile, Apt #, etc. 4. Suile, Apt #, etc. 5. Centristal own and Address of Naw Registered Agent 4. Suile, Apt #, etc. 5. Centrista							• • • • • • • • • • • • • • • • • • •			
Suite, Api #, etc Suite,	2. Principal P	Place of Business	2a. Mailing Address						nnlied For	
Solito, Apt. #, etc. 27 City & State 28 City & State 29 City & State 29 City & State 29 City & State 29 City & State 20 City &	21			1 *				— —	' ' 	
City & State				#, etc.				60 75		
2p Country Trip Country Trip Country Trip Country Added to Fees Added to F	22 27						5. Certificate of Status Desired	*		
27	City & State City & State						6. Election Campaign Financing	\$5.00	Mey Re	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. Pursuant to the provisions of Sections 607 500? and 607 15.08. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of Section 607 500? Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent agent agent of the provision's board of directors. Thereby accept the appointment as registered agent age	23		28							
9. Name and Address of Current Registered Agent MCKELLAR, BRUCE 1543 WEST RIVER DRIVE MARGATE FL 33063 11. Pursuant to the provisions of Sections 607 0502 and 607 1506; Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent, or arm familiar with, and accept the obligations of, Section 607 0505; Florida Statutes. SIGNATURE 12. OFFI ICTR S AND DIRE CTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFI ICTR S AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. STREET ADDRESS 15. STREET ADDRESS 15. STREET ADDRESS MARGATE FL 33063 14. CITY ST - ZP INTE MCKELLAR, BRUCE 15. STREET ADDRESS MARGATE FL 33063 15. STREET ADDRESS 15. STREET	<u> </u>	Country	Zip	Cou	intry		8. This corporation owes or has paid the	current year in	tangible	
MCKELLAR, BRUCE 1543 WEST RIVER DRIVE MARGATE FL 33063 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 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, I am familiar with, and accept the obligations of Socione 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socione 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socione 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Socione 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or spirate name of implications of Socione 607 0505. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations. I hereby accept the appointment as registered spirater accept the purpose of changing its registered and spirater accept the purpose of changing its registered and spirater accept the purpose of changing its registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligations. I hereby accept the appointment as registered accept the obligatio	24		1771	30					□ No	
## City FL 85 Zip Code		9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red Agent		
MARGATE FL 33063 B3					81	Name				
B3	1543 West river drive				82	Street Addre	reet Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Soctions 607.05.02 and 607.15.08. Florida Statutes, the above agent. I am familiar with, and accept the obligations of, Soction 607.05.05, Florida Statutes. SIGNATURE Signature Signa	MARGATE FL 33083				Щ					
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant of the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hipsef or pretent name of registered agent and identification (NOTE Registered Agent agenture required when renetating). DATE					83					
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant of the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Forda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature hipsef or pretent name of registered agent and identification (NOTE Registered Agent agenture required when renetating). DATE					84	City		PE 7in	Code	
Signature byset of colors in the Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and latin if applications of, Section 607 (505), Florida Statutes. Signature						•		FL "		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DP	agent. I a								registered	
DELETE	12.				3 F 1400	a og ziore require	77-7-1-1		RS IN 12	
MCKELLAR, BRUCE 1543 WEST RIVER DR. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	DP	DELETE		TLE		ASSITION OF THE MEDICAL PROPERTY.			
13 STREET ADDRESS 1543 WEST RIVER DR. 13 STREET ADDRESS 14 CITY-ST-ZIP	NAME	MCKELLAR, BRUCE		1.2 NA	LME	İ				
Addition Change	STREET ADDRESS	1543 WEST RIVER DR.			_	ADDRESS .				
DELETE DST										
MCKELLAR, LYNN	TITLE		☐ DELETE					Channe	Addition	
1543 WEST RIVER DR. 23 STREET ADDRESS 1543 WEST RIVER DR. 24 CITY-ST-ZIP	NAME							- Cinciple		
City-st-zip MARGATE FL 33063 2 4 City-st-zip	STREET ADDRESS					ADDRESS				
DELETE DELETE 3.1 TITLE Change Addition	CITY-ST-ZIP									
3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TITLE	112 4124 112 1 2 4444	DELETE					Change	Addition	
3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	NAME									
3.4 CITY-ST-ZIP	STREET ADDRESS					inneess				
DELETE	CITY-ST-ZIP									
A. 2 NAME	TITLE		DELETE			-ZIF		Change	Addition	
A3 STREET ADDRESS A3 STREET ADDRESS A4 CITY-ST-ZIP A1 CITY-ST-ZIP	NAME							onange		
A4 CITY - ST - ZIP	STREET ADDRESS					UUNBECC				
ITLE DELETE 5.1 TITLE Change Addition AMME 5.2 NAME										
AAME 5.2 NAME	TITLE		DELETE			ZIF		Channe	Addition	
O LIVERL	NAME								AUUNIUN	
	STREET ADDRESS					nneree				

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 suppliemental 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Jun M. Mc Xellar

Lynn M. McKellar

4/21/98

954-943-7200

Addition

FILED

Apr 28 1998 8:00am

Secretary of State

R2E034 (10/97)