Apr 29, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	Name # P930C	JUU37;	392								
,	OBCAT, INC.										
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Principal Place	e of Business	Mailir	ng Address	•				711 <b>45</b> 1 110 10100 1111 00	III <b>da</b> en <b>ab</b> iil <b>a</b>	( <b>99</b> 12114 1 <b>0098</b> 16	
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MARGATE FL 3			SATE FL 33063				]				
									WRITE IN TH	IIS SPACE	
	•							corporated or Quali	ifed		
	<u> </u>						05/24/			~ <del>~</del>	
2. Principal Pl	lace of Business	·	Mailing Address				4. FEI Nur				Applied For Not Applicable
21	# _L_	26	tuito Aat # ata				65-04	10300			Additional
Suite, Apt. :	#, etc.		suite, Apt. #, etc.				5, Certifca	te of Status Desire	od 🗆		Required
City & State	·	27	City & State				e Flortion	Campaign Financ	ing	\$5.0	0 May Be
`	e e	28	ny & State				1 -	ind Contribution	""' <sup>9</sup> 🗆		d to Fees
23 Zip	Country		(ip	Co	untry			poration owes the	current vear	Intangible	
24	25	29	•	30	,			I Property Tax.		Yes	□No
	9. Name and Address of Cu		red Agent		T		10. Name a	nd Address of No	ew Register	d Agent	
		·			81	Name					ļ
	ELLAR, BRUCE				82	Street A	Address (P.O. Box	Number is Not Acr	ceptable)		
	B WEST RIVER DRIVE				102	Oli CCI P	(0.00.00x				
MAR	GATE FL 33063				83						
	· ·				84	<b>0</b> ''				. 85 Zi	p Code
										100   -	
						City			F		
11. Pursuant	to the provisions of Sections 607	.0502 and 607	.1508, Florida Sta	itutes, the a	ahove	named o	corporation submits	this statement for	the purpose	of changing	its registered
office or re	egistered agent or both in the Si	tate of Florida	Such change wa:	s authorize	above-	named o	corporation submits ration's board of di	this statement for rectors. I hereby a	the purpose	of changing	its registered registered
office or re agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ot	tate of Florida	Such change wa:	s authorize	above-	named o	corporation submits ration's board of di	this statement for rectors. I hereby a	the purpose	of changing	its registered registered
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP