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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P9300060897 (4)

1. Corporation Name

BOBBY V. GOODS, INC.									
Principal Place of E	Business	Ma	iling Address					iiiil 89181 781	
324 SE 2ND AVENUE 324 SE 2ND AVENUE DANIA FL 33004 DANIA FL 33004			E						
•						3. Cate Incorporated or Qualified 08/31/1993	3a. Date	of Last Re)5/01/18	
2. Principal Place	e of Business	2a.	Mailing Address			4. FEI Number		├├	Applied For
1		26			····	65-0433071			Not Applicable
Suite, Apt. #, e	etc.	-	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
2		27	City & State			6. Election Campaign Financing		\$5.00	D May Be
City & State		28	Ony & State			Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	ntry	8. This corporation has liability for	intangible ta	x under s	199.032,
4	25	29		30		Florida Statutes	No No	Nacol .	
	9. Name and Address of Curr	rent Regis	tered Agent		81 Name	10. Name and Address of New P	registereo i	-tgent	
					· · · · ·				
	i, robert				82 Street Add	fress (P.C. Box Number is Not Acceptal	ble)		
•	2ND AVENUE				83				
Dania Fi	·L 33004							[0E 7m	p Code
					84 City	pration submits this statement for the pured of directors. I hereby accept the acc	FL		
SIGNATURE	gnature, typed or printed name of registered as								
	OFFICERS A			VOTE: Registered	Agent signature requir	red when revistating! ADDITIONS/CHANGES TO OF			
12. 111LE						ed when reristating! ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO Change	DRS IN 12 Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of 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 chapted, and an intraction with an address.

SIGNATURE:

ON TURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRE

4-15-96

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