

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000073384 (8)

1. Corporation Name

NOT BOB'S FIFTH CORP.

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2200 CORPORATE BLVD. NW
SUITE 317
BOCA RATON FL 33431

Mailing Address

2200 CORPORATE BLVD. NW
SUITE 317
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

06/27/1994

4. FEI Number

APPLIED FOR 65-046363

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 has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 305 S Andrews

2a. Mailing Address
26 6362 NW 6th Way

Suite, Apt #, etc.
22 Suite Apt # etc

Suite, Apt # etc
27 Suite 450

City & State
23 Ft. Lauderdale FL

City & State
28 Ft. Lauderdale, FL

Zip
24 33301

City
25 Broward

City
26 Broward

City
27 Broward

9. Name and Address of Current Registered Agent

BERKOWITZ, PAUL
1221 BRICKELL AVENUE
MIAMI FL 33131

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 of person filing this report or authorized representative)

(Signature of Registered Agent or authorized representative)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DP
KLEIN, ROBERT
9100 S. DADELAND BLVD., SUITE 1500
MIAMI FL 33156

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
DVPS
KLEIN, DAVID
2200 CORPORATE BLVD. NW #317
BOCA RATON FL 33431

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6362 NW 6th Way #450
Ft. Lauderdale, FL 33309
☒ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6362 NW 6th Way #450
Ft. Lauderdale, FL 33309
☒ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
0000001477960
-05/08/95 -01009 -004
*****200.00 *****200.00
☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 member of a partnership or sole proprietorship or an individual who is authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Secretary