

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000026575 (8)

1. Corporation Name

BOB'S T-BIRDS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5397 NE 14TH AVE
FT LAUDERDALE FL 33334

5397 NE 14TH AVE
FT LAUDERDALE FL 33334

97 AUG 14 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 04/04/1994 | | 03/12/1996 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State | | 28 City & State | | 65-0480496 | | Not Applicable | |
| 24 Zip | | 29 Zip | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| | | | | 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

KENNEDY, DEBORAH
206 E MCNAB ROAD
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

| | | |
|----|--|--------------------|
| 81 | Name | Robert Dunn |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 5397 N.E. 14TH AVE |
| 83 | | |
| 84 | City | FT. LAUDERDALE |
| 85 | Zip Code | FL 33334 |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, ROBERT L | 1.2 NAME | |
| STREET ADDRESS | 5397 NE 14TH AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | 1.4 CITY-ST-ZIP | |
| TITLE | DVS <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNN, IRENE | 2.2 NAME | |
| STREET ADDRESS | 5397 NE 14TH AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33334 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E034 (4/97)

Bob's T-Bird's
5397 N.E. 14 Avenue
Ft. Lauderdale, FL 33334

'55 - '57 Parts
Also '58 - '71 Parts

PJ.2

305-491-6652 Days
305-772-9966 Days
305-928-0932 Fax
7:00 A.M. - 3:00 P.M. EST



7/22/97

as per a Conversation with one of
your Sup. Mr Tom Pelora He told me
to send in 165⁰⁰ instead of 550⁰⁰
Because I didn't get the 1st letter or
Packet

that
Ben