

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033092 (5)

1. Corporation Name

BOBBY B'S "BOSS" HRLY'S, INC.

Principal Place of Business

4100 NORTH POWERLINE ROAD
SUITE A3
POMPANO BEACH FL 33073

Mailing Address

4100 NORTH POWERLINE ROAD
SUITE A3
POMPANO BEACH FL 33073



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

BARROWS, ROBERT E
3208 DOVER ROAD
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

02/09/1995

4. FEI Number

65-0492533

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. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 the legal entity

(NOTE: Registered Agent Signature required with filing fee)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARROWS, ROBERT E

STREET ADDRESS 3208 DOVER ROAD
POMPANO BEACH FL 33062

CITY-STATE-ZIP STD ☐ DELETE

TITLE ANDERSON, GAIL

NAME 3208 DOVER ROAD
POMPANO BEACH FL 33062

STREET ADDRESS ☐ DELETE

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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 change is on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

(954) 974-5654

CR2E034 (12/95)