

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000033940 (5)

1. Corporation Name
TOBOB, INC.



Principal Place of Business

Mailing Address

6020 LAKE WORTH ROAD
GREENACRES CITY FL 33463
US

6020 LAKE WORTH RD.
GREENACRES FL 33463
US

3. Date Incorporated or Qualified
05/05/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRITTS, ROBERT P
5702 LAKE WORTH RD.
SUITE 4
LAKE WORTH FL 33463

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STANLEY, PHILIP
STREET ADDRESS 617 F2 SEA PINE WAY
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☒ DELETE

NAME D
PICCIANO, NICHOLAS J
STREET ADDRESS 409 HARBOR POINT WAY
CITY-ST-ZIP GREENACRES CITY FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR
1.3 STREET ADDRESS JENNIFER THOMAS
1.4 CITY-ST-ZIP 1603 HAWTHORNE AVE
WEST PALM BEACH FL 33414

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME SECRETARY TREASURER
2.3 STREET ADDRESS LAURIE BUCHANAN
2.4 CITY-ST-ZIP 154 COATES AVE
ROYAL PALM BEACH, FL 33411

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME DIRECTOR
3.3 STREET ADDRESS JEAN MARGARET STANLEY
3.4 CITY-ST-ZIP 12628 SAGEBRINE DR. #4A
WEST PALM BEACH, FL 33414

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)