


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 194000034391 <b>1. Corporation Name</b> Bobby's Boys Inc.					
<b>Principal Place of Business</b> 8300 Astronaut Blvd. P.O. Box 887 Cape Canaveral, FL 32920			<b>Mailing Address</b>		
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 6-1-94	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> P.O. Box 887		<b>3a. Date of Last Report</b>	
<b>22</b> City & State		<b>27</b> City & State		<b>4. FEI Number</b> 59-3246195	
<b>23</b> Zip		<b>28</b> Cape Canaveral FL		<b>Applied For</b> Not Applicable	
<b>24</b> Country		<b>29</b> 32920		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>25</b> Country		<b>30</b> Brevard		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>9. Name and Address of Current Registered Agent</b> Bobby Lawrence 6875 Harp Ave Cocoa, FL 32927			<b>10. Name and Address of New Registered Agent</b>		
<b>81</b> Name			<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>			<b>84</b> City		
<b>85</b> Zip Code			<b>FL</b>		
<b>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, its 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.</b>					
<b>SIGNATURE</b> (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
<b>1.1 TITLE</b> Pres. <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>1.2 NAME</b> Bobby Lawrence					
<b>1.3 STREET ADDRESS</b> 6875 Harp Ave					
<b>1.4 CITY-ST-ZIP</b> Cocoa FL 32927					
<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>2.2 NAME</b>					
<b>2.3 STREET ADDRESS</b>					
<b>2.4 CITY-ST-ZIP</b>					
<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>3.2 NAME</b>					
<b>3.3 STREET ADDRESS</b>					
<b>3.4 CITY-ST-ZIP</b>					
<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>4.2 NAME</b>					
<b>4.3 STREET ADDRESS</b>					
<b>4.4 CITY-ST-ZIP</b>					
<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>5.2 NAME</b>					
<b>5.3 STREET ADDRESS</b>					
<b>5.4 CITY-ST-ZIP</b>					
<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>6.2 NAME</b>					
<b>6.3 STREET ADDRESS</b>					
<b>6.4 CITY-ST-ZIP</b>					
<b>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</b>					
<b>SIGNATURE</b> Bobby Lawrence Pres. 430-97 407-783-4510					

CR2E034 (9/96)