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 # P94000049231 (1)

1. Corporation Name
S.O.B. INC.

Principal Place of Business	Mailing Address
9632 NW 49TH ST. SUNRISE, FL. 33351	9632 N.W. 49TH ST SUNRISE, FL 33351

2. Principal Place of Business 21 205 S. STATE RD. 7	2a. Mailing Address 26 205 S. STATE RD. 7
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MARGATE, FL.	City & State 28 MARGATE, FL
Zip / Country 24 33068 / 25 USA	Zip / Country 29 33068 / 30 USA

3. Date Incorporated or Qualified 07/01/94	3a. Date of Last Report 2/11/95
4. FEI Number 65-0501785	☐ 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	

9. Name and Address of Current Registered Agent

WENDY SILVERSTEIN
9632 NW 49 ST.
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: WENDY E. SILVERSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 11341 N.W. 37 ST.
83
84 City: SUNRISE FL 85 Zip Code: 33323

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: WENDY E. SILVERSTEIN WendyE.Silverstein 4/2/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: New Registered Agent signature required when record filing) DATE

12. OFFICERS AND DIRECTORS	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILVERSTEIN, WENDY E % 9632 NW 49TH ST. SUNRISE FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ DELETE D BOGIN, THERESA M % 9632 NW 49TH ST. SUNRISE FL 33351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☑ Change ☐ Addition
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T/S/D SILVERSTEIN, WENDY E 11341 NW 37TH ST. SUNRISE FL 33323
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition V/D MILLEMOTH, CAREN 11340 NW 37TH ST. SUNRISE, FL 33323
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001773208 -04/09/96--01033--002 ***208.75 ☐ Change ☐ Addition

CR2E034 (12/95)

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: X WendyE.Silverstein WENDY E. SILVERSTEIN, PRES 4/2/96 (954) 971-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #