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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90115 003 ***150.00

DOCUMENT #	P94000093588
1 Corneration Name	1 0 10000000

DOUBLE T BOBCAT, INC.

Principal Place of Business

3779 SW 17 ST FT LAUDERDALE FL 33312 Mailing Address

3779 SW 17 ST

FT LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed 12/28/1994			
2. Principal Place of Business	Principal Place of Business 2a. Mailing Address			Ani	plied For		
21 1627 Frances Drive	26 1627 Fra	nces Drive	4. FEI Number 65-0548597	<u> </u>	t Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	, O	_	\$8.75 A			
22	27		5. Certificate of Status Desired Fee Required				
City & State	City & State		6. Election Campaign Financing \$5.00 May Be				
23 Apopka HL	28 HOOPKA,	H	Trust Fund Contribution	Added to	o Fees		
Zip Country 24 32703 [25] USA	^{Zip} 32703 30	Country USA	This corporation owes the current year Intar Personal Property Tax.		XINo.		
-1-1	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
			DRIBIO, ANTHONY				
2770 CM 17 CT 82 Street Address			ress (P.O. Box Number is Not Acceptable) 27 Frances Drive				
FT LAUDERDALE FL 33312							
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			oopka FL		103		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	pration submits this statement for the purpose of c	hanging its	registered		
oπice or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a tall to	h's board of directors. I hereby accept the appoint		9,5,6,60		
SIGNATURE ANTHONY TORI DI	O V les	by M. List.	_ 4-	-X8 -c	19		
Signature, typed or printed rame of registered agent	and title if applicable. (NOTE: Re	gstered Agent signature required	when reinstating) DATE				
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND				
TITLE P	☐ DELETE	1.1 TITLE P	inia Amelanai	X Change	☐ Addition		
NAME TORIBIO, ANTHONY			oribio, Anthony				
STREET ADDRESS 3779 SW 17 ST		1.3 STREET ADDRESS 16	27 Frances Drive		1		
CITY-ST-ZIP FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Apopka, FL 32703				
TITLE	☐ DELETÉ	: 2.1 TITLE		☐ Change	☐ Addition		
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS			1		
CITY-ST-ZIP		2.4 CITY-ST-ZIP			1		
TITLE	☐ DELETE	3.1 TITLE		Change	☐ Addition		
NAME	_	3.2 NAME			+		
		3.3 STREET ADDRESS					
STREET ADDRESS	f	3.4. CITY-ST-ZIP					
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		Change	Addition		
 	El belete	4. 2 NAME		<u> —</u>	_		
NAME		4.3 STREET ADDRESS					
STREET ADDRESS							
CITY-ST-ZIP	C) DELETE	4.4 CITY-ST-ZIP		☐ Change	Addition		
TITLE	☐ DELETE	5.1 TITLE 5.2 NAME		L. J Criange			
NAME							
STREET ADDRESS		5.3 STREET ADORESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP			- Addition		
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition		
NAME		6.2 NAME	•				
STREET ADDRESS		6.3 STREET ADDRESS			Ì		
CITY ST 7IB		6.4 CITY-ST-ZIP			Ì		

14. I 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 supplymental 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 trusted 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 or an attachment with an address, with all other like empowered.

SIGNATURE: 🗡

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

1-888-884-043

Daytime Phone #

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