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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014656 (9)

BOB'S DECORATING SERVICE OF CAPE CORAL INC.

Principal Place of Business

Mailing Address

## FILED Mar 26 1998 8:00am Secretary of State



2024 S.E. 6TH AVE. CAPE CORAL FL 33990		2024 S.E. 6TH AVE. CAPE CORAL FL 33990				
					DO NOT WRITE IN THIS SP	ACE
					3. Date Incorporated or Qualified 02/21/1995	
2. Principal F	Place of Busin	ness	2a. Mailing Address		4. FEI Number	Applied For
21 622	SE 14	th Terrace		1th Terroe		Not Applicable
Suite, Apt.		100 1011000	Suite, Apt. #, etc.	1110 11010		\$8.75 Additional
22 # 201 City & State			27 # 201 City & State		5. Certificate of Status Desired	Fee Required
23 Coy	se Co	wad FL	28 Cope Coro		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33	990	Country 25		Country	This corporation owes or has paid the curre     Personal Property Tax due June 30.	nt year Intangible Yes ☐ No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent
GANS, ROBERT J Name						
2024 S.E. 6TH AVE.					ddress (P.O. Box Number is Not Acceptable)	
CAPE CORAL FL 33990						
				83		
				84 City	FI	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 age		Registered Agent signature re		
12.	PD	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
NAME		ROBERT J	□ becent	1.1 TITLE	L	Change
STREET ADDRESS	1	E. 6TH AVE.		1.2 NAME		
		ORAL FL 33990		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNFEU	ONAL FL 33880	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		1 Channes D Addition
NAME			D beer		L	Change Addition
STREET ADDRESS				2.2 NAME		
CITY-ST-ZIP				2.3 STREET ADDRESS		
TITLE			DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME	ĺ		hand o'cate	3.2 NAME		1 change   Nouthout
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		<del></del>	DELETE	4.1 TITLE		Change Addition
NAME				4. 2 NAME	<del></del>	1 owned Till transition
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		İ
TITLE			☐ DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		
City-St-ZIP				6.4 CITY - ST - ZIP		

4. 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 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 it changed, over an attachment with an address.

SIGNATURE:

Don

Rober

J. GANS

318-96

574.500

CR2E034 (10/97)