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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000018346 (3)

1, Corporation			` '							
BHIAN	'S BOBCAT SERVICE, INC	; .					1 1861136: 110 1818: 6110 66111 661	li Biles Gásas sa	******	il G (G(G G)(()GG)
Principal Place of Business Mailing Address							i footiode kie (640) ohili oblik bal	KA BOMA GOLE K IK	ARI IAFAA (M	1 81011 6 41 1 01 1
3181 N. W. 18TH STREET 3181 N. W. 18TH STREET										
	NRK FL 33309		PARK FL 3330			}				
						ŀ	3. Date Incorporated or Qualified	3a. Date	e of Last R	leport
							03/03/1995			
	ace of Business	2a. Mailing	Address				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Applied For
Suite, Apt.	# etc	26 Suito A	int # ata				65-0565710	<u> </u>		Not Applicable
22 27			Suite, Apt. #, etc.				5. Certificate of Status Desired		,	Additional Required
City & State		··	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country	Zip		Country	'		8. This corporation has liability for		ix under s	199.032,
24	25 9. Name and Address of Curre	29 ent Registered Ad		30]	· · · · · · · · · · · · · · · · · · ·		Florida Statutes Yes	S No Begistered	Agent	
			,	81	Name		o, mario and reaction of figure	- gistorea	rgent	
BISHOP, JOHN B2 Street A						ddraee	(P.O. Rox Number is Not Accepta	ble) a C		
2125 LOWSON BOULEVARD				83	56	37	Pacitic Blu	id (#	290	<u>'4</u>)
SUITE G-203								C		
DELRAY	BEACH FL 33445			84	9'b' .		01		85 Zip	p Code
11. Pursuant t	o the provisions of Sections 607.050	02 and 607 1508 #	Florida Statutes	the above-r	Bo	Ca	r submits this statement for the or	FL.	3	3433
or register	ed agent, or both, in the State of Flo h, and accept the obligations of Sec	rida. Such channe	was authorized	by the corp	oration's t	coard of	directors. I hereby accept the app	pointment as	egistered	agent. I am
SIGNATURE	John Bisho	01011-007,0303, FIC	inua staturis.	4	Re	L	4	241	191	
	Signature, typed or printed name of registered age	·	IOTE	: Registered Ager	nt signature red	gulred v		DATE		
12. TITLE	OFFICERS AI	ND DIRECTORS	1 DELETE	13.			ADDITIONS/CHANGES TO OF		~ ~ ~	
NAME	FOLEY, BRIAN	<u> </u>] DELETE	1. 1 TITLE 1.2 NAME				L	_] Change	Addition
STREET ADDRESS	3181 N. W. 18TH STREET			1.3 STREET	ADORESS					
CITY - ST - Z:P	OAKLAND PARK FL 33309			1.4 CITY- S	ſ					
TITLE] DELETE	2. 1 TITLE					Change	☐ Addition
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET						
CITY - ST - ZIP) DELETE	2.4 CITY - S	T-ZIP				7 Channa	Addition
NAME		L	,	3 1 TITLE 3.2 NAME				L	Change	- Magnition
STREET ADDRESS				3.3 STREET	ADDRESS					
CHTY - ST - ZIP				3.4 CITY - S						
THTLE	13 (1) 14] DELETÉ	4.1 TITLE		-			Change	☐ Addition
NAME				4.2 NAME						
STREET ADDRESS				4.3 STREET						
CITY - ST - ZIP		г	1 DELETE	4.4 CITY - S	T-ZIP				- Channa	- Address
TITLE NAME		_] DELETE	5. 1 TITLE 5.2 NAME				L	Change	Addition
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY - S						
TIFLE			DELETE	6. 1 TITLE				Г	Change	Addition
NAME			-	6.2 NAME				_		
STREET ADDRESS				6 3 STREET	ADDRESS					
CHY-ST-ZIP				54 CITY-S						

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 logal 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: Brian Foley President

4/24/96 934 059 Custrue Prove 1 R2E034 (12/05)