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

PROFIT CORPORATION ANNUAL REPORT

1998

・大学 1 1850年 - 1985年



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073332 (5)

BOB BELL ENTERPRISES, INC.

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 3260 WEST PEMBROKE RD. 3260 WEST PEMBROKE RD. PEMBROKE PARK FL 33309 PEMBROKE PARK FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/20/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0615554 Not Applicable 21 26 Suite, Apl. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BELL, BOB 3260 WEST PEMBROKE RD. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PARK FL 33309 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if any icable CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE NAME BELL. BOB 1.2 NAME STREET ADDRESS 3260 WEST PEMBROKE RD. 1.3 STREET ADDRESS PEMBROKE PARK FL 33309 1.4 City - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP Addition DELETE Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 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.

1/120108