## 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

## DOCUMENT # P95000097740

1. Corporation Name

BOBBY CASH INC.

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90044 009 \*\*\*150.00



	:						<b>(                                    </b>		( <b>2)) 43)) (2)</b>   <b>1)</b>   <b>13)</b>
Principal Place of Business Mailing Address						- \$   \$   \$   \$   \$   \$   \$   \$   \$   \$			
•			55 NORTHWOODS LANE						
55 NORTHWOODS LANE BOYNTON BEACH FL 33436			BOYNTON BEACH FL 33436						
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qu	alifed		
· · · · = · · · · · · · · · · · · · · ·						12/28/1995 4. FEI Number		I Ann	tied For
<b>—</b> '	ace of Business	2a.	Mailing Address				•	<del></del>	Applicable
21			Suite, Apt. #, etc.			65-0632807		\$8.75 A	
Suite, Apt. #, etc.			27			5. Certifcate of Status Des	red 🗆	Fee Rec	_
City & State			City & State			6. Election Campaign Fina	ncing 📋	\$5.00 1	
23	* <u>É</u>	28				Trust Fund Contribution		Added to	Fees
Zip	Country	29	Zip 30	Country	/	This corporation owes the Personal Property Tax.	e current year l	Intangible ☐ Yes	MNo
24	9. Name and Address of Currer			<del>"</del>		10. Name and Address of	New Registere	d Agent	
		y,		81	Name				
MATHEWS, GEORGE W III				82	Street A	Address (P.O. Box Number is Not Acceptable)			
1325 S CONGRESS AVE SUITE 104 BOYNTON BEACH FL 33426					0	aroo (1.0. Box 1.0. aro			
				84	City		F	85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Floric	ta. Such change was auth	iorized by	the como	poration submits this statement on's board of directors. I hereby	or the purpose accept the app	of changing its pointment as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable. (NOTE: Re	egistered Age	nt signature re	ed when reinstating)	DATE		
12.	OFFICERS AN	ID DIRE	CTORS	13.		ADDITIONS/CHANGES	O OFFICERS		
TITLE	<b>P</b> .		☐ DELETE	1.1 TITLE	İ			☐ Change	Addition
NAME	NATHANSON, ROBERT			1.2 NAME		•			
STREET ADDRESS	55 NORTHWOODS LANE			1.3 STREE	TADDRESS				J
CITY-ST-ZIP	BOYNTON BEACH FL 33436			1.4 CITY-5	ST-ZIP				- C & ddision
TITLE	ST		☐ DELETE	2.1 TTLE				Change	Addition
NAME	NATHANSON, FAITH			2.2 NAME					1
STREET ADDRESS	55 NORTHWOODS LANE			2.3 STREE	T ADDRESS				}
CITY-ST-ZIP	BOYNTON BEACH FL 33436			2. 4 CITY-	ST-ZIP			Change.	Addition
TITLE			☐ DELETE	3.1 TITLE				Change	
NAME				3.2 NAME	Į				[
STREET ADDRESS					T ADDRESS	4			
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			Change	Addition
TITLE			☐ DELETE	4.1 TITLE	Ĺ			L.) ollarige	
NAME				4. 2 NAME					
STREET ADDRESS					T ADDRESS	^.			
C/TY-ST-ZIP			☐ DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE NAME			Cipercie ».	5.1 IIILE 5.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			•	5.4 C/TY-5	ST-ZIP	<u>.</u>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE			DELETE	6.1 TITLE		· · ·		Change	Addition
NAME	. '			6.2 NAME					
STREET ADDRESS	,		•	6.3 STREE	T ADORESS	•			
CITY-ST-ZIP			• •	6.4 CITY-	ST-ZIP				

14. 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 attactprent with an address, with all other like empowered.

REQUIRETROSERT NATHANSON