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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 01 1997 8:00am

Secretary of State

4-24-97 984.019:7142

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ANYTHING GOES BOBCAT AND BACKHOE SERVICE, INC.

Principal Place of Business Mailing Address 6728 N. UNIVERSITY DRIVE 6728 N. UNIVERSITY DRIVE BUITE 101 TAMARAO-FL-33321-4010 AMARAO FL 32221 3. Date Incorporated or Qualified 3a. Date of Last Report 01/31/1996 FEI Number 2a. Mailing Addres Applied For 65-06 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, 🗶 Yes 🔲 No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHLICHTE, MATTHEW J 2134 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 83 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE PTD 1.1 TO LE TITLE CRISPINO, MARGARET M 1.2 NAME NAME 6728 N. UNIVERSITY DRIVE, SUITE 101 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 C(TY - ST - Z)P CITY-ST-ZIP Change Addition DELETË VD. 2.1 THLE TITLE CRISPINO. ROBERT J 2.2 NAME NAME 6728 N. UNIVERSITY DRIVE, SUITE 101 2 3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 2 4 CiTY-ST-7IP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE HEITZMAN, ROBERT J 3.2 NAME NAME **1910 N. 53RD AVENUE** 3.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 3.4. CITY - ST - Z(P CITY-ST-ZIP Change Addition DELETE 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 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CI1Y - S1 - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 1I1LF TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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.