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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | ‡ | P96000017122 | (8) |
|------------|--------------|--------------|-----|

DOBBERT ENTERPRISES, INC.

Principal Place of Business Mailing Address

FILED Feb 28 1997 8:00am Secretary of State



| 4491 NW 1874 OAKLAND PAR | Á AVENUE RK FL 33309 | 4491 NW 19711 AVENUE OAKLAND PÄRK FL 333094 | 1565 | | |
|--|---|---|--|--|--------------------------------------|
| | ` | | | 3. Date Incorporated or Qualified 02/22/1996 | 3a. Date of Last Report NIA-INITIAL |
| 9 Dringing D | Place of Business | 2a. Mailing Address | | 4. FEI Number | |
| | 38 N.W. 3 STRET | | 3 KTO 575 | 65-0649427 | Applied For Not Applicable |
| Suite, Apt | | Suite, Apt. #, etc. | J SINCUT | Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| City & State | · · | City & State | | 6. Election Campaign Financing | |
| 23 DEERFIE | ers Beaul, FL | 28 DEARFIELD BE | FACH, FL | Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 33442 | -9301 25 BROWARD | 29 33442-9301 | | | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| | BBERT, PICHARD | | 81 Name R | ICHARD E. DOBBE | D T |
| | 11 NYX 19TH AVENUE | | 82 Street Add | fress (P.O. Box Number is Not Acceptab | |
| (AO | Kland Park Fl 33309 | | 47 | 38 N.W. 3 STREET | • . |
| | • | | 83 | | |
| | | | 84 City | | las Zin Code _ |
| | | | "DEED | RFIELD BEACH | FL 85 Zip Code 9301 |
| 11. Pursuant | to the provisions of Sections 607.05 | 02 and 607.1508, Florida Statutes | s, the above-named corr | poration submits this statement for the p | urpose of changing its registered |
| office or r | registered agent, or both, in the Stat ani familiar with end accept the obto | e of Florida. Such change was at pations of Section 607.0505. Flor | ithorized by the corpora ida Statutes. | ation's board of directors. I hereby accept | of the appointment as registered |
| | Y 1100=1 | | VDENT | X. | |
| SIGNATURE | Storiet in the disciplanted name of registered as | gen and tille if applicable (NOTE | Registered Agent signature requi | ired when reinstating) | DATE DATE |
| 12. | OFFICERS AT | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| THILF | D | DELETE | 1.1 TITLE PA | RESIDENT | Change Addition |
| NAME | DOBBÈRT, BICHARD | • | 1.2 NAME | ICHARD E. DOBBERT | • • |
| STREET ADDRESS | 4491 NW 19TH AVENUE | | 1.3 STREET ADDRESS 4 | 738 N.W. 3 STREET | |
| CITY - \$1 - 20P | OAKLAND PARK FL 33309 | | | EERFIELD BEACH, FL | 33442-9301 |
| TILLE | 7 | DELETE | 2.1 TITLE | | Change Addition |
| NAME | | - | 2.2 NAME | | |
| | | | 2.3 STREET ADDRESS | | |
| STREET ADDRESS | | | | | |
| CHY-ST-1:P TITLE | | DELETE | 2 4 CITY+ST-ZiP 31 TITLE | ······································ | Change Addition |
| | ļ | beerie | 3.2 NAME | | C Outride C COURSE |
| NAME | | | | | |
| | 1 | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| COY-S1-ZIP | | Delta | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | Change Addition |
| CITY-\$1-ZIP TITLE | | ☐ DELETE | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| C01Y-\$1-ZIP | | DELETE | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP | | Change Addition |
| CITY-\$1-ZIP TITLE | | DELETE | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| CHY-ST-ZIP TITLE NAME | | , :: | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS | | Change Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP | | , :: | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | · . | |
| CHY-S1-ZIP TITLE NAME STREET ADDRESS CHY-S1-ZIP TITLE | | , :: | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE | | |
| COY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME | | , :: | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS C-TY-ST-ZIP TITLE NAME STREET ADDRESS | | , :: | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS | | |
| CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP | | [_] DELETE | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME | | [_] DELETE | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | Change Addition |
| CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE TITLE THE TADDRESS CITY-\$1-ZIP TITLE | | [_] DELETE | 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | · . | ☐ Change ☐ Addition |

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 ddress RILHARD E. DOBBERT