PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS APPROVED AND FILED

1997 AUG 15 MI 8: 115 SECRETARY OF STATE TALLAMASSEE, FLORIDA

_	MENT # P960000 RCIAL BOBCAT SERVICE, INC				
Principal Plac	e of Business	Mailing Address			A 18683 15888 11511 8181 2881
12201 N.W. 36TH STREET #304 12201 N.W. 36TH STREET # CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065					
CORAL SPRING	S FL 33065	CORAL SPRINGS FL 3306	35	DO NOT WRITE IN THIS	SPACE
					Date of Last Report
				03/01/1996	
	lace of Business	2a. Mailing Address	NW 26 CH	4. FEI Number	Applied For
21 /20		26 /2001	14,W . 23 21	65-0655130	Not Applicable
Sulte, Apt.	#, OC.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City,& State	•	6. Election Campaign Financing	\$5.00 May Be
23 COR	al Springs Fl	28 (51al Sp.	rings t	Trust Fund Contribution	Added to Fees
24 330	65 25 MRWd	29 33065	30 BRWd	This corporation owes or has paid the or Personal Property Tax due June 30.	Yes No
	9. Haille and Addiess of Culteria	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
Figures, Inc.					
3732 N.W. 16TH STREET FORT LAUDERDALE FL 33311			82 Street Addre	ess (P.O. Box Num) (1 N) (A) (20 able) 1	5229
רטתו	LAUDERDALE PL 33311		83	-U8/13/3/1	01074015
				165.00	*165.00
			84 City	FI	85 Zip Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	and 607.1508, Florida State f Florida, Such change was lons of, Section 607.0505, F	utes, the above-named corp authorized by the corporati lorida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE		•			
	Signature, typed or printed name of registered agent		TE: Registered Agent signature require		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	BASSO, RALPH	F DECEM	1.2 NAME		C Change C Addition
STREET ADDRESS	2902 NW 118TH DRIVE		1.3 STREET ADDRESS		[8
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CiTY-ST-ZIP		Ş
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition <
NAME	BASSO, NEIL	· •	2.2 NAME		ĺ
STREET ADDRESS	8301 NORTH CORAL CIRCLE		2.3 STREET ADDRESS]
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068		2.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	BASSO, CHRISTOPHER		3.2 NAME	•	
STREET ADDRESS	11134 ROYAL PALM BLVD.		3.3 STREET ADDRESS		
CITY ST-ZIP	CORAL SPRINGS FL 33065	DELETE	3.4. C(1) - ST - Z(P 4.1 T)TLE		☐ Change ☐ Addition
NAME I		<u></u>	4.1 THE		C. O. W. BA C. VIDOLOUI
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		1
TITLE		DELETE	5.1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			5.2 NAME	•	į.
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	· —	Change X Q Addition
NAME			6.2 NAME		Mr. M.
STREET ADDRESS			6.3 STREET ADDRESS		alv
CITY-ST-ZIP	my certify that the information supplied	with this filing dose not our	6.4 CITY-ST-ZIP	in Section 118 07(3)(i) Florida Statutes Hurth	V'

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.

GNATURE:

SIGNATURE:

COMMERCIAL BOBCAT SERVICE, INC. 12001 N.W. 35TH STREET NO. 304 CORAL SPRINGS, FLORIDA 33065 PHONE 1-800-813-1314

AUGUST 11TH, 1997

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS ANNUAL REPORTS SECTION P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

ATTENTION: SANDRA B. MORTHAM

Dear Ms. Mortham:

Please find enclosed our check for one hundred sixty-five dollars (\$165). Our first notice to pay this amount was returned to your office. Your office did not have our proper address. Please note our address at the top of this letter as well as our check. We encourage your office to make the proper changes in their files so we can avoid this same problem next year.

Thank you for your attention to our difficulty. If you or your staff need any further information please do not hesitate to call me at the above telephone number.

7) 3145

RALPH BASSO