

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90017 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000060994

1. Corporation Name  
**HOBART ENTERPRISES, INC.**



Principal Place of Business  
 24095 US HWY 19  
 CLEARWATER FL 34623  
 US

Mailing Address  
 219 HOBART AVE  
 CLEARWATER FL 34615  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

26 12 Fernbrooke Dr  
 Suite, Apt. #, etc.

27  
 City & State

28 Safety Harbor FL  
 Zip City & State Country

29 34695 30 USA

3. Date Incorporated or Qualified  
**07/19/1996**

4. FEI Number **59-3390621** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**JANEZIC, JOSEPH A**  
**1004 US HWY 19**  
**SUITE 202**  
**HOLIDAY FL 34691**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**4815 E BUSH Blvd**

83 #113

84 City **Tampa** FL 85 Zip Code **33617**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GREENBAUM, LARRY</b>	
STREET ADDRESS	<b>219 HOBART AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Greenbaum, Larry</b>	
1.3 STREET ADDRESS	<b>12 Fernbrooke Dr</b>	
1.4 CITY-ST-ZIP	<b>Safety Harbor, FL 34695</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE: \_\_\_\_\_ DATE: **7 07.99** DAYTIME PHONE #: **729 796.8014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

996000060994

7.07.99

Dear Sirs of MABRAM

This Corp renewal (the original was mailed to you in April 1999, our check # 2960 drawn on Nationsbank has not cleared as of this date, so we have enclosed a replacement check. We also had notified your office of our mailing address change in August 1998.

Jay El  
Larry Greenbaum