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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000068646 (4)** 

OBVIOUS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2707 SHIVER LAKE AVENUE

## **FILED** May 07 1997 8:00am Secretary of State



| TAMPA FL 33614  | TAMPA FL 33614-2834   |                                   |   |  |
|---|---|-----------------------------------|---|--|
|   |   |                                   | 3. Date Incorporated or Qualified 08/15/1996            | 3a. Date of Last Report  |
| 2. Principal Place of Business  | 2a. Mailing Address   |                                   | 4. FEI Number   | Applied For  |
| 21 116 N-C HWY4   | 70 26 116 N-CH  | lwy 470                           | 59-338-752  | Not Applicable   |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |                                   | 5. Certificate of Status Desired                        | S8.75 Additional Fee Required                                  |
| City & State  23 Lake Punas-AFK+C  Zin Country  | FL City & State  28 Lake Panas  | offker fl                         | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be Added to Fees                                    |
| 24 33538 25 USA   | 29 33538 30   | Country<br>USA                    |   | Yes 🔏 No   |
| 9, Name and Address of (  | Current Registered Agent  |                                   | 10. Name and Address of New Rec                         | Istered Agent  |
| SHOREY, VICKI L<br>2707 SILVER LAKE AVENUE<br>TAMPA FL 33614  |   | 81 Name<br>82 Street Addr<br>83   | ress (P.O. Box Number is Not Acceptable                 | e)<br>>  |
|   |   | 84 City AA                        | ke Panarottkoe  | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the | e State of Florida Such change was aut<br>e obligations of Section 607.0505, Floric |                                   |   | rpose of changing its registered the appointment as registered |
| SIGNATURE VICKI L Shorey  |   | Re & Office                       | y   | 4-30-41  |
| Signatum Typed or printed name of regitt  12. OFFICE F  | RS AND DIRECTORS  | tegisteret Agent signature requir | red (Info reinstating) ADDITIONS/CHANGES TO OFFIC       | ERS AND DIRECTORS IN 12  |
|   | Dritte  | 1.1 TITLE                         | O FIRST HEROTO IN TOZO TO STATE                         | Change Addition  |
| NAME 10 763   | Shorey Iven Like Ave 33614 VIRENSMEN DELETE HE                                      | 1.2 NAME                          |   |  |
| STREET ADDRESS 2-67 5/  | INO- I fee ALD  | 1.3 STREET ADDRESS                |   |  |
| City-ST-ZIF Tames F   | 336/4   | 1.4 CITY-ST-ZIP                   |   |  |
| TOLE  | DELETE  | 21 TITLE                          |   | Change Addition  |
| NAME  | Language -  | 2.2 NAME                          |   | -  |
| STREET ADDRESS 220 12 1744  |   | 2.3 STREET ADORESS                |   |  |
| STREET ADDRESS 878 C 34   | soft keeft \$3538   | 2 4 CITY-ST-ZIP                   |   |  |
| TILE  | DELETE  | 3.1 TITLE                         |   | Change Addition  |
| NAME  |   | 3.2 NAME                          |   |  |
| STREET ADORESS  |   | 3.3 STREET ADDRESS                |   |  |
| C(TY - \$1 - 7)P  |   | 3.4. CITY-ST-ZIP                  |   |  |
| TITLE   | DELETE  | 4.1 TITLE                         |   | Change Addition  |
| NAME  |   | 4.2 NAME                          |   |  |
| STREET ADDRESS  |   | 4.3 STREET ADDRESS                |   |  |
| CITY - S1 - ZIP   |   | 4.4 CITY - ST - ZIP               |   |  |
| TILLE   | DELETE  | 5.1 TITLE                         |   | Change Addition  |
| NAME  |   | 5.2 NAME                          |   |  |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS                |   |  |
| C+TY - ST - ZIP   |   | 5.4 CITY-ST-ZIP                   |   |  |
| BILE  | DELETE  | 6.1 TETLE                         | ***************************************                 | Change Addition  |
| NAME  |   | 6.2 NAME                          |   |  |
| STREET ADDRESS  |   | 6.3 STREET ADDRESS                |   |  |
| CITY+S1-ZIP   |   | 6.4 City-St-ZiP                   |   |  |
| 14. I do hereby certify that the information s  | upplied with this filing does not qualify t   |                                   | d 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.