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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P96000100703 (3)

## **FILED** Apr 10 1997 8:00am Secretary of State

OBST MANAGEMENT, INC.									
Principal Place of Business Mailing Address  740 E. COUNTRY CLUB CIRCLE 740 E. COUNTRY CLUB CIR PLANTATION FL 33317  PLANTATION FL 33317					- I TOTALOFI HO SUIT ONNI ORIN ODIH TONIN NEN ODITA BANK ODITA 18419 HAN TODI				
					3. Date Incor 12/09/19	porated or Qual	ified 3a.	Date of Last F	Report
2. Principal P	lace of Business	2a. Mailing Address	·		4. FEI Numbe	:		I A	pplied For
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Suite, Apt	# etc.	Suite, Apt. #, etc.			5. Certificate	of Status Desire	d 🖪		Additional
City & State		City & State							equired
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4	25	29	30	·	Florida Sta		Yes		, 100.000,
	9. Name and Address of Cur	rent Registered Agent			10. Name and	Address of Ne	w Registere	d Agent	
OBS	T, MANFRED		[1	Name //	NUFRED	OBST	PRESID	CNT	
740	E. COUNTRY CLUB CIRCLE		la la	32 Street Add	ress (P.O. Box Nu	mber is Not Acc	entable)	· · · · · · · · · · · · · · · · · · ·	
PLAI	NTATION FL 33317		-	//	40 E. Con	NTRY CL	Sh CIR	c/K_	
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			, t	84 City	4000000			<b>85</b> Zip	Code
		···					F	<u>L</u> 3,	Code 3 3/7
<b>11.</b> Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes. He ab	ove-named cor	poration submits to	nis statement for	the purpose	of changing appointment at	its registered registered
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SIGNATURE	Signature Types or proved raggest registered OFFICERS	ed UV		Agent signature requ	ired when reinstaling)	/CHANGES TO	Ø4 DATE	10497	
SIGNATURE 12.	Signature Types or privated registrated OFFICERS.	d agent and title if applicable (N	OTE: Registered	Agent signature requ	ired when reinstaling)		Ø4 DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  IIILE  NAME	Signature Types or proved raggest registered OFFICERS	a agent and lette if applicable (N AND DIRECTORS DELETE	OTE: Registered 13. 11 TITE	Agent signature requ	ired when reinstaling)		Ø4 DATE	ND DIRECTO	RS IN 12
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