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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000000464 (2)**

1. Corporation Name
SOBGAW INC

Principal Place of Business	Mailing Address
7217 EAST COLONIAL DRIVE, SUITE 212 ORLANDO FL 32807	7217 EAST COLONIAL DRIVE, SUITE 212 ORLANDO FL 32807-6379

3. Date Incorporated or Qualified: 12/30/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 7124 ALOMA
22: Suite, Apt. #, etc.
23: City & State: WINTER PARK FL
24: Zip: 32792
25: Country: ORANGE

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3111013 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MITTS, TIMOTHY JON
7217 EAST COLONIAL DRIVE, SUITE 212
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: RICK Boyle
82 Street Address (P.O. Box Number is Not Acceptable): 7217 E. Colonial Dr #212
83:
84 City: Orlando FL 85 Zip Code: 32807

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: [signature] 4-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Joel Wagner		1.2 NAME		
STREET ADDRESS	7057 Hammock Way		1.3 STREET ADDRESS		
CITY-ST-ZIP	Winter Park FL 32792		1.4 CITY-ST-ZIP		
TITLE	TREASURER/SECRETARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KATHY F. WAGNER		2.2 NAME		
STREET ADDRESS	7057 HAMMOCK WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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 above, or on an attachment with an address.

SIGNATURE: JOEL WAGNER PRES 04/28/97 407-678-9220