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

Mailing Address

1600 N FEDERAL HWY

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

1800 N FEDERAL HWY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P97000057271 (3)

O.B. ENTERPRISES USA, INC.

	•
	DO NOT WRITE IN THIS SPACE
	3. Date Incorporated or Qualified
	06/30/1997
	4. FEJ Number Applied For
	65-0764801 Not Applicable
	5. Certificate of Status Desired S8.75 Additional Fee Required
	B. Election Campaign Financing     Trust Fund Contribution     Added to Fees
	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.  Yes No
	10, Name and Address of New Registered Agent
-	
ddres	ss (P.O. Box Number is Not Acceptable)
	FL 85 Zip Code
orpo ratio	ration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered
quired	when reinstating) DATE
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition

FILED

Apr 29 1998 8:00am

Secretary of State

UNIT 5 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. 22 City & State City & State 23 28 Zip Zip Country Country 24 25 30 9. Name and Address of Current Registered Agent Name FILINGS, INC. 3732 N.W. 16TH STREET Street A FT. LAUDERDALE FL 33311-4132 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named c office or registered agent, or both, in the State of Florida. Such change was authorized by the corporagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stonature, typed or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature re OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE TITLE NAME OOSTHUIZEN, STEPHEN 1.2 NAME STREET ADDRESS 1600 N FEDERAL HWY, UNIT 5 1.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.