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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000063063 (6)

BOE	BBY & CAT, INC.			
				T TRAILEAN AND ARIAG AND ARIAG REAL REAL ARIAG ARIAG CHARD ARIAG A
Principal F	Place of Business	Mailing Address		A ABBUREA ING TAKIN SENIN BENIN BENI
829 PEN		B29 PENMAN RD.		
JACKSONVILLE FL 32250		JACKSONVILLE FL 32250		DO NOT WRITE IN THIS SPACE
			4	3. Date Incorporated or Qualified
				07/21/1997
2. Princip	al Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-3458768 Not Applicab
Sulte, A	Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & S	State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ent megleteren Agent	81 Name	to, wante and Address of New Addisters Agent
1	BROWN, ROBERT H JR.			
ļ .	829 PENMAN RD. JACKSONVILLE FL 32250		82 Street Addre	ess (P.O. Box Number is Not Acceptable)
	JACKGOIVILLE FL 32230		83	
İ			84 City	FL 85 Zip Code
11. Pursu	ant to the provisions of Sections 607.0	502 and 607.1508, Florida Statuter	s, the above-named corpo	
office	or registered agent, or both, in the Sta I am familiar with and accept the obt	ite of Florida. Such change was au	thorized by the corporation	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered
				1 mry 98
SIGNATUR	Signature, typed or printed name of registered in	agent and ble diapplicable (NOTE)	Registered Agent signature require	id when reinstating) DATE
12.	OT TOURS	II AD CITICOTOTO	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVŠT	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROBERT H JR		1.2 NAME	
STREET ADDRE	,		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	- Districts	1.4 C(TY - S) - ZIP	
TITLE	D BOOMER BODECT II IO	☐ DELETE	2.1 TIFLE	L_J Change L_J Addition
NAME	BROWN, ROBERT H JR.		2.2 NAME	
STREET ADDRE			2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32250	DELETE	2.4 City-St-ZiP	E Change Addition
NAME			3.1 TITLE 3.2 NAME	— enange — Abanko
NAME STREET ADDRE	200			
CITY-ST-ZIP	33		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE		DELETE	41 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRE	22		4.3 STREET ADDRESS	
CITY-ST-ZIP]		4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Additio
NAME		·	5.2 NAME	-
STREET ADDRE	ss		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additio
NAME			6.2 NAME	
STREET ADDRE	ss		6.3 STREET ADDRESS	
CITY-ST-ZIP	_		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 addition.

FILED

May 12 1998 8:00am

Secretary of State