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

P97000084007 (8) DOCUMENT #

"BUFFALO BOB" ENTERPRISES, INC. Principal Place of Business Mailing Address 5711 NE 22 TERRACE 5711 NE 22 TERRACE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1997 2. Principal Place of Business 2a. Mailing Address FEI_Numbe Applied For 65-0 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be \Box 23 Trust Fund Contribution Added to Fees 28 Zip Country Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 Yes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HW J. DRURY
(P.O. Box Number is Not Acceptable)

N. E. D. Terrage 81 GALATIS, TED P JR Name 1501 NE 4TH AVENUE 82 FORT LAUDERDALE FL 33304 83 84 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECT 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1 1 10TUE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS t. candudalo, FLA-33308 CITY-ST-ZIP 1.4 CHY-ST-7IP Change Addition TITLE - Director 2.1 TITLE Robert E. Snih 2.2 NAME 500 OVERLOOK DRUNG STREET ADDRESS 2.3 STREET ADDRESS FLAT Reck, North Conolure 2873] CITY-ST-ZIP 2. 4 CITY+ST-ZIP Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 THLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

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 supplicmental 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 trusted 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 ou an attachment with an address

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

4/20/98

FILED

May 21 1998 8:00am

Secretary of State