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

FILED Jun 16 1998 8:00am **PROFIL** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000085178 (6) BEBO'S INCORPORATED Principal Place of Business Mailing Address 9045 STARKEY ROAD 9045 STARKEY ROAD **LARGO FL 33777** LARGO FL 33777 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc Suite Apt #, etc \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Ζıρ Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due Jurie 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KAUFMANN, BRUCE G 11151 66TH ST. N., STE. 401 82 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 33773 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 (602 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 furnition with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, type-like printed name of resp. It net access abit to eld apply able (NOTE\_Registered Agen; signature required when reinstating) OLUCERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. S DLIETE Change TITLE 1.1 TOLE 12 NAME UKE JOEY GASHI 1.3 STREFT ADDRESS 11931 HACTENDA SQUARE DOUTON, RUSSELL NAME APT 264 STREET ADDRESS **BOX 3064** SEMINOLE, FL 33777 **SEMINOLE FL 33775** CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE DS 21 HTLE Change Addition TITLE DOUTON, MARY E NAME 2.2 NAME **BOX 3064** STREET ADDRESS 2.3 STREET ADDRESS SEMINOLE FL 33775 CITY - ST - 7JP 2. 4 C(1Y+S1+Z(F) DELLITE Change Addition TITLE 3.1.1(1).6 GONZALEZ, BARBARO NAME **RONAMI** 5435 49TH AVE. N. STREET ADDRESS 3.3 STREET ADDRESS ST. PETERSBURG FL 33709-3705 CITY-ST 702 3.4. CHY-S1-70 DELETE Addition TITLE 4.1 BILE **GONZALEZ, SHIRLEY** NAME 4. 2 NAME 5435 49TH AVE. N. STREET ADDRESS 4.3 STREET ADDRESS ST. PETERSBURG FL 33709-3705 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 THLE 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 <u> 900002562409</u>

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this 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 movement of 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 attachine;

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-S1-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

Shirley Gonzalez 1/23/98

\*\*\* 150**.** DO

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