

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

1. PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000080199

1. Corporation Name

BOB IMPORT, INC.

Principal Place of Business
1037 NW 1 COURT
HALLANDALE, FL 33009

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3149 JOHN P CURCI DR
Suite, Apt. #, etc.
22 BAY 3
City & State
23 PEMBROKE PARK
Zip
24 33009
Country
25 BROWARD
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
09/01/98

4. FEI Number
65-0871914
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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROBERT PICHE
1037 NW 1 COURT
HALLANDALE, FL 33009

10. Name and Address of New Registered Agent

81 Name
ROBERT TREMBLAY

82 Street Address (P.O. Box Number is Not Acceptable)
509 NE 47 COURT

83

84 City
POMPANO BEACH
FL 85 Zip Code
33064

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 *Robert Tremblay* ROBERT TREMBLAY 05/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ROBERT PICHE	1037 NW 1 COURT	HALLANDALE, FL 33009	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROBERT TREMBLAY	509 NE 47 COURT	POMPANO BEACH, FL 33064	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE *Robert Tremblay* ROBERT TREMBLAY, DIRECTOR 05/27/99 (45A) 478-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

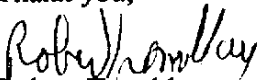
May 27, 1999

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: Renewals

Please note that I have moved our business and did not receive the original corporate annual report. Enclosed please find a check for the renewal fees.

Thank you,


Robert Tremblay
President / Director