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1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # <b>S097</b> LOBO, INC.	770 (6)			
Principal Place of Business P.O. BOX 17775 IACKSONVILLE FL 32245 JS	Mailing Address P.O. BOX 17775 JACKSONVILLE FL 32245 US	5-7775	T ANNUAL ALFON IN THE STATE OF	II OLDU ORDU ORDU ORDU SIRV SIRV ORDU ILDI
			3. Date Incorporated or Qualified 10/29/1990	3a. Date of Last Report 04/09/1996
L. Principal Place of Business	28. Mailing Address		4. FEI Number	Applied For
	26		59-3036209	Not Applicab
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
25	129	30	8. This corporation has liability for Florida Statutes	Yes No
9. Name and Address of C			10. Name and Address of New Re	
HARMON DOUG		81 Name		
2000 CORPORATE SQ BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)
JACKSONVILLE FL 32216		63		
		84 City		FL 85 Zip Code
L. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	ites, the above-named cor	poration submits this statement for the p	purpose of changing its registere
Pursuant to the provisions of Sections 60 office or registered agent or both, in the agent Lam familiar with and accept the IGNATURE  Stocator, bjed or portest came of register		utes, the above-named cor authorized by the corpora iorida Statutes.		purpose of changing its registere pt the appointment as registered
GNATURF Siculor , tyled or protest came of register. OFFICER	ered agent and title it applicable (NO IS AND DIRECTORS			DATE CERS AND DIRECTORS IN 12
GNATURF Sticlater, typed to printer came of register COFFICER  E DP	and agent and title diapplicable (NO	TE: Registered Agent signature required.  13. 1.1 TITLE	uired when reinstating}	DATE
GNATURE Sticration, typed for printed came of registe  OFFICER  E DP HARMON, LOWELL D.	red agent and title d applicable (NO IS AND DIRECTORS	TE: Registered Agent signature required 13.  1.1 TITLE 1.2 NAME	uired when reinstating}	DATE CERS AND DIRECTORS IN 12
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SIGNING OFFICER OR DIRECTOR