

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Madham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S87151** (4)

1. Corporation Name

BOB'S NEWS DISTRIBUTING, INC.



Principal Place of Business

**1026 N.W. 53RD STREET
POMPANO BEACH FL 33064-8620**

Mailing Address

**1026 N.W. 53RD STREET
POMPANO BEACH FL 33064-8620**

2. Principal Place of Business

2a. Mailing Address

21 **5312 N.W. 4TH TERR**

26 **5312 N.W. 4TH TERR**

Sub: Apt. #, etc.

Sub: Apt. #, etc.

22

27

23 **POMPANO BEACH, FL**

28 **POMPANO BEACH, FL**

City & State

City & State

Zip

Zip

Country

Country

24 **33064**

29 **33064**

25 **U.S.A**

30 **USA**

9. Name and Address of Current Registered Agent

**HOULE, ROBERT
2601 NE 1ST STREET, #14
POMPANO BEACH FL 33062**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

10/14/1991

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0287549

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 has liability for intangible tax under s. 199.032,
Florida Statutes.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

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

Signature of Registered Agent

Signature of Secretary or Treasurer

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HOULE, ROBERT	
STREET ADDRESS	2601 NE 1ST STREET #14	
CITY-STATE-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on merged, or on an attached, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/96 - 954-481-9300
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