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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF COORDANTIONS

1006

	1990	S DIVISION OF C	COMPONATIONS	i	
DOCUN 1. Corporation	MENT # V1308	37 (4)			
BOBS	ONS INTERNATIONAL INC.				
				3 10 D) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 ) ( 0 )	IN 1881 BURN BURN BURN BURN BURN BURN BURN 1881
Principal Place	of Business	Mailing Address			
H&D BEVER	RAGES	5781 LACOSTA DRIVE			
5781 LACOS	STA DRIVE	ORLANDO FL 32807			
ORLANDO F US	FL 32907	U\$		3. Date Incorporated or Qualified	3a. Date of Last Report
				02/11/1992	01/10/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. f'El Number	Applied For
Suite, Apt. #	Late	Suite, Apt. #, etc.		59-3125515	Not Applicable
22	r, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Orty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		1 rust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	-
24	25 9. Name and Address of Current		30	Florida Statutes Yes	
<del></del>	g, Name and Address of Correla	Hegistered Agent	81 Name	10. Name and Address of New Re	igistered Agent
DEEPAI	M GOKAL				
	ACOSTA DRIVE		82 Street	Address (P.C. Box Number is Not Acceptable	a)
	DO FL 32807		83		
			84 City		85 Zip Code
					- <b>FL</b>
11. Pursuant to or registere	o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid	and 607.1508, Florida Statutes. a. Such change was authorized	, the above-named co d by the corooration's	orporation submits this stalement for the purp board of directors. I hereby accept the appo	xose of changing its registered office
familiar with	n, and accept the obligations of, Section	on 607.0505, Florida Statutes.			as registered agent, part
SIGNATURE _	Signature - typed or printed name of registered agent a	and title if applicable (NOTE	Pegistered Agent signature re	expired when renistation	DATL
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PMD	☐ DELETE	1 1 TITLE		Change Addition
NAME	GOKAL, DEEPAM		12 NAME		
STREET ADDRESS	6144 ORANGE HILL CT.		13 STREET ADDRESS		
CITY-ST-ZIP TIFLE	ORLANDO FL VS	☐ DELETE	1.4 CITY-ST-ZIP	vs	ST Change PT Addition
NAME	GOKAL, BABOOLAL		2 1 TITLE 2.2 NAME		Change 🗀 Addition
STREET ADDRESS	296 TAJ STREET, LAUDIUM		2.2 NAME 2.3 STREET ADDRESS	GIAA Overme Hill Ct.	
CITY-ST-ZIP	PRETORIA SO		2.4 CITY-ST-ZIP	GOKAL, BABOOLAL 6144 Ovange Hill Ct. Ovlando, FL. 32819	
TITLE	D	☐ DELETE	3 1 TITLE	D	Change Addition
NAME	GOKAL, KUSUN		3.2 NAME	GOKAL KUSUN	<b>/</b> `
STREET ADDRESS	296 TAJ STREET, LAUDIUM		3.3 STREET ADDRESS	6144 Ovange Hill C	· E ·
CITY - ST - ZIP	PRETORIA SO		3 4 CITY - ST - ZIP	6144 Ovange Hill C Orlando, Fl. 32810	t
THILE		☐ DELETE	4. 1 TITLE	ŕ	☐ Change ☐ Addition
NAME CIPIEL ADODESS			4.2 NAME		
STREET ADDRESS CITY+ST+ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Change Addition
NAME			5 2 NAME		C though C hospital
STREET ADDRESS			5.3 STREET ADDRESS		
CHTY-ST-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(1Y - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

407-6587632

Daytime Phone #

CR2E034 (12/95)