

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V50811 (1)

1. Corporation Name

BOBS TRANSMISSION SERVICE OF SUNRISE, INC.



Principal Place of Business

Mailing Address

10362 NW 55TH ST.
SUNRISE FL 33351

10362 NW 55TH ST.
SUNRISE FL 33351

3. Date Incorporated or Qualified

07/15/1992

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21 10480 NW 50 ST

26 10480 NW 50 ST

4. FEI Number

65-0349455

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

City & State

Sunrise FL

Sunrise FL

Zip

Country

Zip

Country

24 33351

25

29 33351

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARIS, PHILIP

~~10362 NW 55 ST.~~

SUNRISE FL 33351

81 Name

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

83

84 City

Sunrise

FL

85 Zip Code

33351

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PSD STULTZ, ROBERT

STREET ADDRESS ~~10362 NW 55 ST.~~

CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME VD BARIS, PHILIP

STREET ADDRESS ~~10362 NW 55 ST.~~

CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME TD MARESCA, ANTHONY

STREET ADDRESS ~~10362 NW 55 ST.~~

CITY-ST-ZIP SUNRISE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

10480 NW 50 ST

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

10480 NW 50 ST

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

10480 NW 50 ST

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Anthony M. Maresca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

7486560

Date

Daytime Phone

CR2E034 (12/95)