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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90150 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **825452**

1. Corporation Name
BOHEMOND CORPORATION



Principal Place of Business: 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAIYNE FL 33149
 Mailing Address: 419 KEY EXECUTIVE BLVD. 104 CRANDON BLVD KEY BISCAIYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1970**
 4. FEI Number: **54-0883135** 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

SPENCER, S.A.
 251 CRANDON BLVD, UNIT 164
 KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, S.A.	1.2 NAME	
STREET ADDRESS	251 CRANDON BLVD #164	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, MARY M	2.2 NAME	
STREET ADDRESS	251 CRANDON BLVD #164	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAGHY, JAMES W	3.2 NAME	
STREET ADDRESS	7 RIDGEWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEWATER CT	3.4 CITY-ST-ZIP	Bridgewater, CT 06752
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEISCHNER, STEVEN	4.2 NAME	
STREET ADDRESS	1979 DOGWOOD DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD NJ	4.4 CITY-ST-ZIP	Scotch Plains, NJ 07076
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Steven Leischner, Secretary 4/16/99 (305) 361-8864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034-(11/98)