

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F02906 (8)**

1. Corporation Name
BOLTEN FINANCIAL CONSULTING, INC.



Principal Place of Business Mailing Address
**C/O STEVEN E. BOLTEN
 6605 MID PLACE
 TEMPLE TERRACE FL 33617-3833**

3. Date Incorporated or Qualified **10/23/1980** 3a. Date of Last Report **03/20/1995**
 4. FET Number **59-2075447** 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

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

9. Name and Address of Current Registered Agent
**BOLTEN, STEVEN E.
 6605 MID PLACE
 TEMPLE TERRACE FL 33617**

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 607.05(2) and 607.1509, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

11.01 TITLE	PD	<input type="checkbox"/> DELETE
11.02 NAME	BOLTEN, STEVEN E.	
11.03 STREET ADDRESS	6605 MID PLACE	
11.04 CITY-STATE-ZIP	TEMPLE TERRACE FL	
11.05 TITLE		<input type="checkbox"/> DELETE
11.06 NAME		
11.07 STREET ADDRESS		
11.08 CITY-STATE-ZIP		
11.09 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.01 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.02 NAME		
12.03 STREET ADDRESS		
12.04 CITY-STATE-ZIP		
12.05 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.06 NAME		
12.07 STREET ADDRESS		
12.08 CITY-STATE-ZIP		
12.09 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-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: *Steven E. Bolten* **STEVEN BOLTEN** 1/16/96 8129851100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the File #

CR2E034 (12/95)