

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000108139 1. Entity Name BOK INTERNATIONAL, INC.	
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Principal Place of Business 200 EAST LAS OLAS BLVD STE #1900 FT LAUDERDALE, FL 33301	Mailing Address 200 EAST LAS OLAS BLVD STE #1900 FT LAUDERDALE, FL 33301
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01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3656923	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCNERNEY, MICHAEL J ESQ. 200 EAST LAS OLAS BLVD STE #1900 FT LAUDERDALE, FL 33301
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**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

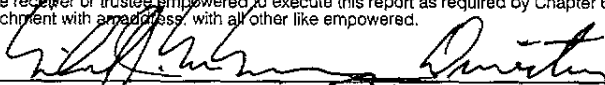
SIGNATURE _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000190262 01/24/05-80127-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNERNEY, MICHAEL J 200 EAST LAS OLAS BLVD STE #1900 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SWALES, KEVIN 200 E LAS OLAS BLVD STE 1900 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with amendment with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/19/05 954-522-2200 Date Daytime Phone #
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