PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080724 1. Corporation Name

BOULANGER, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90010 032 ***150.00



				 	-	OL HOUSE DOUGH SOME SEAS	1 (19) (19)
Principal Place of	of Business	Mailing Address					
240 - 43 AVENUE 240 - 43 AVENUE				•			
ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33		ST. PETE BEACH FL 33706	6		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
•	• :				09/16/1997	·	<u>·</u>
		2a. Mailing Address			4. FEI Number	<u> </u>	ed For
2. Principal Pla	ce of Business	├ ┐			59-3473792		pplicable
21	<u> </u>	Suite, Apt. #, etc.				\$8.75 Add	l l
Suite, Apt. #, etc.		⊢ ¬	Solid, 7 42 11, 2121		5. Certifcate of Status Desired	Fee Requ	ired
22			City & State		6. Election Campaign Financing	\$5.00 м	
City & State		28			Trust Fund Contribution	Added to	Fees
23	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible _	. [
Zip		_ I '	30		Personal Property Tax.	Yes	No No
24	25 Surran		001	·	10. Name and Address of New Register	ed Agent	
	9. Name and Address of Curren			81 Name			
DOI!	, , ,	r ag an terret en en en e		76 00 00 00 00 00 00 00 00 00 00 00 00 00	ress (P.O. Box Number is Not Acceptable)		
BOULANGER, DONALD				82 Street Add	IESS (F.O. DOX NUMBER IS NOT ACCOMMEND)		
240 43 AVENUE ST. PETE BEACH FL 33706				83		开起 議計劃	超紀憲士
\$1. P	ETE BEACH EL 33/00					85 Zip Co	vdo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				84 City	F		
		The same of the Control	an thou	hove named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its re	egistered
SIGNATURE .	Signature, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PTD	☐ DELETE	1.1 T	TTLE	92 O4 10 T		
NAME	DONALD BOULANGER		1.21	IAME			Į
STREET ADDRESS	240 43RD AVE		1.3 9	STREET ADDRESS	•		
1	ST PETERSBURG BCH FL 337	706	1.4 (CITY-ST-ZIP		Change	Addition
TITLE	31 FEIEIGDONG BONTE GO	☐ DELETE	2.1	TTLE		Change	
NAME			2.21	NAME		-	• . •
			2.3	STREET ADDRESS			
STREET ADDRESS		4	2.4	CITY-ST-ZIP		☐ Change	Addition
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STREET ADDRESS	Standard Comment		4.4	CITY-ST-ZIP			□ A daltaio =
CITY-ST-ZIP		☐ DELETE		TITLE		☐ Change	☐ Addition
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NAME	ļ		5.3	STREET ADDRESS			
STREET ADDRESS		•		CITY-ST-ZIP			
CITY-ST-ZIP.		☐ DELETE		TITLE		☐ Change	Addition
TITLE .:	(1) 1000ACD 0507、10000 (4) 497数以下	_ 555515	6.2	NAME			
NAME	্রিকারিকারিকার বিধারকারিকার			STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS