## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT** 

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # V59514

(2)

BOLT SYSTEMS, INC.

## **FILED** Apr 30 1997 8:00am Secretary of State

Principal Place	Mailing Address 1700 SILVER STAR ROAD ORLANDO FL 32804-3444								
ORLANDO FL 32804 US		ÜS		3. Date Incorporated or Qualified 3a. Date of Last Report 08/21/1992 05/01/1996			•		
	lace of Business	2a. Mailing Address				4. FEI Number		A	Applied For
21 Suite, Apt.	# alc	Suite Apt # etc	26			59-3142669			lot Applicable
22	#, BiG.	<u>├</u> ~¬	27			5. Certificate of Status Desired			Additional Required
City & State	8	City & State	···   · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing \$5.00 May 8e			
23		28	8			Trust Fund Contribution			to Fees
I ∠ip	Country Zip Coi			lry	8. This corporation has liability for intangible tax under s. 199.032,				s. 199.032,
24	9. Name and Address of Current		30		····-	Florida Statutes		] No	
DEIT	<del></del>	, negistered Agent		11	Name	10. Name and Address of New Reg	sistered /	agent	······································
DEIL, WALLAGE O. OR.									
		B2 Street Add			ress (P.O. Box Number is Not Acceptab	le)			
Onc	ANDO FL 32804		83						
				4	City			11 -	6.4
					City		FL	1 1 '	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									
12.	Signature, typed or printed name of registered ager OFFICERS AND		Registered A	gent	t signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDQ AND	DIRECTO	DC IN 10
TITLE				1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	LING AND	Change	
NAME				1.2 NAME					
STREET ADDRESS	1411 BRYN MAWR STREET		1.3 STRE	£1 A	DORESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY - S1 - ZIP		- ZIP				
TITLE	VŠTD	☐ DELETE	2.1 TITLE					Change	Addition
NAME	BEITL, MARGARET M		2.2 NAME						i
STREET ADDRESS	1411 BRYN MAWR STREET		2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP	ORLANDO FL	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		- 7IP			I''   Ab	7.129
NAME		L) DECER	3.7 THE					☐ Change	Addilion
STREET ADDRESS			3.3 STREET ADDRESS		DOBESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE	DELETE		4.1 TITLE					Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STRE	[] A	ODRESS				
CITY-ST-ZIP			4.4 CI1Y - ST - ZIP		- ZIP			<del></del>	
TITLE			•	5 1 TITLE				Change	☐ Addition
NAME			5.2 NAMI						
STREET ADDRESS				5 3 STREET ADDRESS 5 4 City - SE-Zip					
CITY-ST-ZIP TITLE	54C				- ZIP			Change	Addition
NAME			62 NAM					□ ∩utauβ¢	
STREET ADDRESS			6.3 STRE		DDRESS				
CITY-ST-ZIP			6.4 CITY						
Intermatio	n indicated on this annual report or su	ipplemental annual report is tru the receiver or trustee empowe	for the exercise and according to exercise	kem	ption stated	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same legal t as required by Chapter 607, Florida St	offect as	if made u	nder eath: that I