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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION C	JE CORPOR	A 110	ONS				
DOCUMENT # V69781 (5)									
•	R BOSWELL PRODUCT	TIONS, INC.							
Рипсіра Ріасе (Mailing Address	ddress			4 INBIN MYNERE ÉKNEM UNIEN INSÉRT OR	(B) (1))) B)()) ())	AIT BIBAT DIDII	UIBII BIUN IBBI	
2250 GULF GATE DRIVE		2250 GULF GATE DRIVE							
SUITE A SARASOTA FL 34231		SUITE A SARASOTA FL 34231							
						 Date Incorporated or Qualified 10/08/1992 		e of Last Re 13/31/199	
2. Principal Pla Ti	ice of Business	2a. Mailing Address				4. FEI Number 65-0364786			Applied For
1] Suite, Apt. #	·	26 Suite, Apt. #, etc.				0370304700			Not Applicable Additional
2		27				5. Certificate of Status Desired		•	Required
City & State		City & State				6. Election Campaign Financing		\$5.0	0 May Be
3		28				Trust Fund Contribution			d to Fees
Z⊕ 	Country [25]	Ζιρ 29	30 Co.	intry	f	8. This corporation has liability to Florida Statutes	rintangible t s	ax under s	199.032,
•	9. Name and Address of Co		30	η		10. Name and Address of New		Agent	
		······································		81	Name				
JOYCE, SHARON J.				82	Street Add	dress (P.O. Box Number is Not Accepta	hie)		
2250 GULF GATE DRIVE						JIESS (F.O. DOK HOMBOL IS NOT ACCEPTE	ibie;		
SUITE A				83					
SARASOTA FL 34231				84	City			85 Ziş	p Code
11 Dogganat	a the exercises of Costons 607	0500 and 007 1500 Florida Chat		<u> </u>	<u> </u>	pration submits this statement for the p	FL		
S'GNATURE .	Squalure, specifier control name of registers	Section 607.0505, Florida Statut		Age:	nt signature requir	red when reinstating)	DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF			
HTLE NAME	PST Boswell, Trevor	☐ DELETE	1. 1 7					Change	☐ Addition
STREET ADDRESS	2250 GULF GATE DR ST	TF A	1.2 N		I ADDRESS				
C IY - ST - Z-P	SARASOTA FL				ST-ZIP				
TIFLE		DELETE	2 1 1	_				☐ Change	Addition
NAME			2 2 N	AME					
ETHLE: ADDRESS			2.3 S	TREET	T ADDRESS				
DITY-ST-ZIP		F) Belete			ST-ZIP				
T ILF NAME		DELETE	3 1 T 3 2 N					☐ Change	☐ Addition
STREET ADDRESS					1 ADDRESS				
CTY-SI-ZP			i i		ST-ZIP				
IITLE		☐ DELETE	4 1 1					Change	Addition
NAME			4 2 N	AME					
STREET ADDRESS			4.3 S	TREFT	ADDRESS				
CTY-S1-Z⊮ THLE		FTI DELETE			ST - ZIP				- Lawre
NAME		DELETE	5 1 T 5 2 N					☐ Change	Addition
STREET ADDRESS					T ADDRESS				
CIT-SI-ZP					ST-ZIP				
TIPLE		DELETE	6.17					☐ Change	■ Addition
NAMI			6.2 N	AME					
SURELT ADDRESS			635	TREET	T ADDRESS				
OITY ST-ZIP		700 (133 137) 2000 			ST - ZIP	<u>, </u>			
 14. I do hereby certify that 	recury that the information supp the informatio p ind icated on this	olled with this filing is voluntarily fu annual report or sup <u>pl</u> emental a	irnished and inual report	goe s tru	s not qualify ue and accur	for the exemption stated in Section 11 rate and that my signature shall have the	9.07(3)(k), Fi e same lega	orida Statut I effect as if	es. I further I made under
path; that I appears in	am an officer or director of the o	corporation or the receiver or trus	stee empowe Idress.	red	to execute the	rate and that my signature shall have the his report as required by Chapter 607,	Florida Statu	tes; and tha	at my name

SIGNATURE: