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

Jun 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # K94502 **BOUGE ENTERPRISES. INCORPORATED** Principal Place of Business Mailing Address 5310 SAXON CIRCLE W 5310 SAXON CIRCLE W FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1989 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0123555 21 Not Applicable 26 Suite, Apt #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired \mathbf{Z} Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ No Yes 24 25 29 30 Personal Property 1ax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOUCHOC, GEORGE P. 5310 SAXON CIRCLE W. 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33331 83 84 City Zip 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. Thereby accept the appointment as registered agent. Lam familian with, and accept the obligations of, Section 607 0505, Florida Statules. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFIE Change ☐ Addition TITLE 1.1 TITLE BOUCHOC, GEORGE P. 1.2 NAME NAMÉ 5310 SAXON CIRCLE W. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 14 CHY-ST-7P DELETE Change Addition 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - \$1 - ZiP CITY-ST-ZIP Change DELETE 3.1 TILLE ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3 4. CITY - ST - Z(P ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the more verify instee 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 postachment without oddress.

FILED

954-776-6000

6/12/98