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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

BOLT DRODUCTION SERVICES INC

Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS DOCUMENT # V18245

1. Corporation Name

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90097 001 ***150.00

BOLTT	HODGOTION SERVICES, 1						(618 () 618 () 618 ()
Principal Diag	on of Rusiness	Mailing Address				Bibli Bibli Bibli Bibli	B(B) 8/5() [8]
345 OCEAN DI APT. #304		C/O R WEIR 345 OCEAN DR., APT. #304	1				
MIAMI FL 33139 MIAMI BEACH FL 3313					DO NOT WRITE IN	THIS SPACE	
บร		US			3. Date Incorporated or Qualifed 02/28/1992		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	applied For
21 (26	26		65-0317841	Not Applicable	
Suite, Apt. #, etc. 22 27		Suite, Apt. #, etc.			5. Certificate of Status Desired	d ☐ \$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing		May Be
23	28				Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current ye		
24	25		30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Cur	ent Registered Agent			10. Name and Address of New Registe	ered Agent	
Le perti		This was whomb	81	Name	Del Del		
	U UODEUI W		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	OCEAN DRIVE, APT., #304		{**}	3	Control of the contro	7304	
MIAI	MI FL 33139 NOTE 57	ill the SANT	83				
	A.	BENT	84	Oth		los S:	0-1-
		, -	64	City		FL 85 Zip	Code
11Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statute	s, the above	named corpc	pration submits this statement for the purporn's board of directors. I hereby accept the	se of changing it	s registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was au gations of Section 607.0505. Flori	thorized by t da Statutes	ne corporation	n's board of directors. I hereby accept the a	ippointment as re	agistered -
	,	3					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating) DA7	Œ	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
TITLE	PD.	☐ OELETE	1.1 TITLE	į		Change	☐ Addition
NAME	Weir, Robert		1.2 NAME				
STREET ADORESS	345 OCEAN DR.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-	ZIP		·	
TITLE	∖VD .	☐ DELETE	2.1 TITLE	}		Change	Addition
NAME :	Weir, robert		2.2 NAME	1			
STREET ADDRESS	345 OCEAN DR.		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST	-ZIP			
TITLE	DELETE 3.11		3.1 TITLE			Change	Addition
NAME	· 3.2 N		3.2 NAME)			
STREET ADDRESS	·	3.3 \$7		ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST	- ZIP			
TILE		☐ DELETE 4.1TI		(Change	☐ Addition
NAME			4. 2 NAME	[• •	
STREET ADDRESS	,		4.3 STREET A	ODRESS	•		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
TITLE	DELETE 5.1 TIT		5.1 TITLE	T -		☐ Change	☐ Addition
NWEZ:5-			52 NAME				
STREET ADDRESS			5.3 STREET A	UDORESS			
CITY-ST-ZIP	·		5.4 CITY-ST-	ZIP			
TITLE		☐ DELETE	6.1 TTLE			☐ Change	Addition
NAME	,		6.2 NAME)			İ
STREET ADDRESS			6.3 STREET A	ADDRESS			
ET 719			6.4 CITY-ST-	ZIP			

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)