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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 345035 1. Corporation Name

BOTS, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90230 041 \*\*\*150.00



District District	Marilian Address		
Principal Place of Business	Mailing Address		,
1376 EDGEHILL RD WEST PALM BEACH FL 33417	1376 EDGEHILL RD WEST PALM BEACH FL 334	17	
WEOT THEM BENOTITE GOTT	WEST THEM BETTON TE SOT	• •	DO NOT WRITE IN THIS SPACE
			3, Date Incorporated or Qualifed 04/23/1969
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-1262634 Not Applical
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5: Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 25	29	30	Personal Property Tax.
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
POTOFORD DOUGLD O		81 Name	
BOTSFORD, DONALD S		82 Street	Address (P.O. Box Number is Not Acceptable)
1376 EDGEHILL RD			
WEST PALM BEACH FL 33417		83	
		84 City	85 Zip Code
		O4 City	<b>FL</b>   <b>*</b> 3  2   <b>*</b> 50000
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	· 		DATE
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: I	Registered Agent signature r	The state of the s
SIGNATURE Signature, typed or printed name of registered age  12. OFFICERS AN	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change
SIGNATURE Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD	nt and title if applicable. (NOTE: I	Registered Agent signature r  13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD  BOTSFORD, DONALD S	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature rate 13.  1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD  NAME BOTSFORD, DONALD S  1376 EDGEHILL ROAD	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature r  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD  NAME BOTSFORD, DONALD S  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL	nt and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature r  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PT/D/C  Add  Add
SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD  NAME BOTSFORD, DONALD S  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL  TITLE VP	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Agent signature r  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  Signature, typed or printed name of registered age  12. OFFICERS AN  TITLE PD  NAME BOTSFORD, DONALD S  STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL  TITLE VP  NAME BOTSFORD, MARK E	nt and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature r  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PT/D/C  Add  Add
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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.

5,4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition