

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 446987

(0)

1. Corporation Name

BOETTO CORPORATION

Principal Place of Business

33243 BINT IBN LANE  
SORRENTO FL 32776

Mailing Address

33243 BINT IBN LANE  
SORRENTO FL 32776-8335

3. Date Incorporated or Qualified

02/27/1974

3a. Date of Last Report

01/30/1996

4. FEI Number

59-6521889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BOETTO, DOMINIC  
33043 BINT IBN LANE  
SORRENTO 32776

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | STD                 | <input type="checkbox"/> DELETE |
| NAME            | BOETTO, EUNICE      |                                 |
| STREET ADDRESS  | 33043 BINT IBN LANE |                                 |
| CITY - ST - ZIP | SORRENTO, FL 00000  |                                 |
| TITLE           | PD                  | <input type="checkbox"/> DELETE |
| NAME            | THURSTON, LAURA     |                                 |
| STREET ADDRESS  | 33243 BINT IBN LANE |                                 |
| CITY - ST - ZIP | SORRENTO, FL 00000  |                                 |
| TITLE           | D                   | <input type="checkbox"/> DELETE |
| NAME            | BOETTO, DOMINIC     |                                 |
| STREET ADDRESS  | 33043 BINT IBN LANE |                                 |
| CITY - ST - ZIP | SORRENTO, FL 00000  |                                 |
| TITLE           | VD                  | <input type="checkbox"/> DELETE |
| NAME            | BOETTO, JEFF        |                                 |
| STREET ADDRESS  | 162 LAKE AVE        |                                 |
| CITY - ST - ZIP | LONGWOOD FL         |                                 |
| TITLE           | VD                  | <input type="checkbox"/> DELETE |
| NAME            | BOETTO, STEVE       |                                 |
| STREET ADDRESS  | 162 LAKE AVE        |                                 |
| CITY - ST - ZIP | LONGWOOD, FL 00000  |                                 |
| TITLE           |                     | <input type="checkbox"/> DELETE |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do 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.

SIGNATURE:

*Dominic Boetto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/97 352-383-3581

CR2E034 (9/96)