


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

03452

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90078 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 512791 1. Corporation Name R.C. BOOS CONSTRUCTION, INC.					
Principal Place of Business 12565 OAK ARBOR LANE BOYNTON BEACH FL 33436-6138			Mailing Address 12565 OAK ARBOR LANE BOYNTON BEACH FL 33436-6138		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/21/1976	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1714295	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BOOS, ROGER 12565 OAK ARBOR LN BOYNTON BEACH FL 33435			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME BOOS, ROGER C.					
1.3 STREET ADDRESS 12565 OAK ARBOR LANE					
1.4 CITY-ST-ZIP BOYNTON BCH FL					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME BOOS, MARCELLA					
2.3 STREET ADDRESS 12565 OAK ARBOR LANE					
2.4 CITY-ST-ZIP BOYNTON BCH FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

DO NOT WRITE IN THIS SPACE



SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-99 5219638747

CR2E034 (11/98)