


FILED

May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90042 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 530937

1. Corporation Name

BOA, INC.



Principal Place of Business

D/B/A COMPUTERIZES  
5084 SOUTHSORE DRIVE  
POLK CITY FL 33868-9560  
US

Mailing Address

D/B/A COMPUTERIZES  
5084 SOUTHSORE DRIVE  
POLK CITY FL 33868-9560  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

City &amp; State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City &amp; State

28

Zip Country

29

30

3. Date Incorporated or Qualified

04/06/1977

4. FEI Number

59-1738690

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUKOSKI, CHARLES F.  
5084 SOUTHSORE DR  
POLK CITY FL 33868

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 date if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETEP  
NAME BUKOSKI, CHARLES F.  
STREET ADDRESS 5084 SOUTHSORE DRIVE  
CITY-STATE-ZIP POLK CITY FLTITLE ☐ DELETEVP  
NAME ATEN, WILLIAM G. III  
STREET ADDRESS 1602 SIR HENRY'S TRAIL  
CITY-STATE-ZIP LAKE LAND FLTITLE ☐ DELETEST  
NAME BUKOSKI, JUDITH  
STREET ADDRESS 5084 SOUTHSORE DR  
CITY-STATE-ZIP POLK CITY FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

941-984-4941

Daytime Phone #

CR2E034 (1/198)