PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 593762 1. Corporation Name

BOSCH, INC.

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90030 021 ***150.00



Principal Place of Business Mailing Address					i foli bit bitte ibien titti annin titti annin titti aini.	I (##:#) Birth iftidt tittt tabid filte tibt atatt atatt atatt atatt atatt		
•		•						
1991 NW 1ST A		1991 NW 1ST AVE						
BOCA RATON F	FL 33432	BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE				
US		US		3. Date Incorporated or Qualifed				
					1		ļ	
					11/17/1978			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number		oplied For	
21		26		59-1861793		lot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired 1 1		Additional		
22					3 . Obtained of Datase Datases	Fee R	tequired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28		Trust Fund Contribution	Added	to Fees		
Zip Country		Zip Country		8. This corporation owes the current year In	tangible			
	25 29 30]		Personal Property Tax.	Yes	1 €No	
24	9. Name and Address of Current		' 		10. Name and Address of New Registered	Agent		
	9. Name and Address or Current	Kegistered Agent	81	Name	,,,,			
VANDERBOSCH, CHRISTINE								
	The state of the s		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	NW 1ST AVE		<u> </u>					
BOCA RATON FL 33432			83					
•			0.4	O'this		85 Zip	Code	
			84	City	Fl	_ 83 210	1	
44 Durauant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named co	moration submits this statement for the nurnose o	f changing it	s registered	
office or r	enistered agent, or both, in the State o	if Florida. Such change was author	onzed by	the corpora	ation's board of directors. I hereby accept the appoint	intment as r	egistered	
agent. I a	m familiar with, and accept the obligati	олs of, Section 607.0505, Florida	Statutes	S.				
SIGNATURE								
	Signature, typed or printed name of registered agent			nt signature requ	ired when reinstating) DATE		ODO 151 40	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PD .	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	VANDERBOSCH, JAMES A.		1.2 NAME				j	
STREET ADDRESS	1991 NW 1ST AVE		1.3 STREE	TADORESS			Ì	
CITY-ST-ZIP	BOCA RATON FL			ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE			☐ Change	Addition	
			2.2 NAME					
NAME	ANDENBOOCH, CHAICHAE						}	
STREET ADDRESS	1991 NW 1ST AVE		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			Addition	
TITLE	☐ DELETE 3.1 π		3.1 TITLE			Change	- Madricou	
NAME			3.2 NAME				ì	
STREET ADDRESS			3.3 STREE	TADDRESS			}	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	•			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
	•		4. 2 NAME				ĺ	
NAME								
STREET ADDRESS		i		TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	<u>. </u>	["] Chr	- Addition	
TITLE		☐ DEFELE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			j	
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		•		
TITLE		DELETE	6.1 TITLE			[] Change	Addition	
	, i		6.2 NAME			_ •	ĺ	
NAME								
STREET ADDRESS	EL MUNICIPAL A CALLES AND A CAL		6.3 STREET ADDRESS				}	
1 13 x %	i supera de l'agail		64 CITY-9	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.