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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 619666 **BOEHM ACRILICRAFTS, INC.**

DOLLIN	7,0,110,01111170,1170			
Principal Place	e of Business	Mailing Address		- I 1981) B BJIGT 11816 18118 BLIJE BING BIN BIRN ALBIT BLEIT BLEIT BLEIT BARN STATI
1434 - 10TH C	OURT	1434 - 10TH COURT		
LAKE PARK FL 33403 LAKE PARK FL 33403				DO MOT MIDITE IN THIS COLOR
}				DO NOT WRITE IN THIS SPACE
J	-	_ •		3. Date Incorporated or Qualifed 05/03/1979
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	_	26		59-1905989 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		ree Required
City & Stat	de,	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 Intangible
24	25	29	30	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Na	10. Name and Address of New Registered Agent
ROF	HM, DOUGLAS E.		IVa	
	53 SE FERNWOOD DR.		82 Str	reet Address (P.O. Box Number is Not Acceptable)
1050	S SE LEMMOOD DII.			
10100	ITER FL 33469		83	
306	HEH LE 2040à		84 Cit	ty 85 Zip Code
<u> </u>				FL S Z Cook
1 office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, I H <i>M</i>	s authorized by the of Florida Statutes.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered 4/26/99
0,0,0,1,0,1,2	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	OTE: Registered Agent signs	ature required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	VSD	☐ DELETE	1.1 TITLE	☐ Citalige ☐ Addition
NAME	BOEHM, JUDY R.		1.2 NAME	
STREET ADDRESS			1.3 STREET ADDR	RESS
CITY-ST-ZIP	JUPITER FL		1.4 CITY-ST-ZIP	Change Addition
TITLE	PTD	☐ DELETÉ	2.1 TITLE	[_] Change Addition
NAME .	BOEHM, DOUGLAS E.		2.2 NAME	
STREET ADDRESS	18953 SE FERNWOOD DR.		2.3 STREET ADDR	RESS
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	1
STREET ADDRESS				
CITY-ST-ZIP	ł .	•	3.3 STREET ADDR	RESS
TITLE			3.4. CITY-ST-ZIP	
		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	☐ Change ☐ Addition
NAME STREET ADDRESS		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
!			3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	Change
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDF 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	at and the	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDF 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDF 5.4 CITY-ST-ZIP	Change Addition Change Addition Change Addition Change Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90010 006 ***150.00