

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **622598** (1)

1. Corporation Name
JAMES E. BOGCESS, INC.



Principal Place of Business Mailing Address
9660 BAY HARBOR DR STE 206 BAY HARBOR INN BAY HARBOR ISLANDS FL 33154
9660 E. BAY HARBOUR DR. SUITE 206 BAY HARBOR ISLANDS FL 33154 US

3. Date Incorporated or Qualified **05/22/1979** 3a. Date of Last Report **01/13/1995**
 4. FEI Number **59-1912782** 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 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 28. Zip 29. Country 30. Country

9. Name and Address of Current Registered Agent
BOGCESS, JAMES E
9660 E. BAY HARBOR DR., SUITE 206
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City 85. Zip Code **FL**

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 **JAMES E. BOGCESS, President** **January 16, 1996** DATE

12. OFFICERS AND DIRECTORS
 DELETE
 TITLE **PTD**
 NAME **BOGCESS, JAMES E**
 STREET ADDRESS **9660 E. BAY HARBOR DR., STE 206**
 CITY-ST-ZIP **BAY HARBO ISLANDS FL**
 DELETE
 TITLE **VSD**
 NAME **BOGCESS, BETTY W**
 STREET ADDRESS **9660 E. BAY HARBOR DR., SUITE 206**
 CITY-ST-ZIP **BAY HARBOR ISLANDS FL**
 DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition
 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 Change Addition
 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 Change Addition
 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 Change Addition
 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 Change Addition
 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 Change Addition
 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James E. Bogcess* **1/16/96** **(305) 868-9044**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)