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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 622598

(1)

1. Corporation Name

JAMES E. BOGGESE, INC.

Principal Place of Business

96803 BAY HARBOR DR STE 206
BAY HARBOR INN
BAY HARBOR ISLANDS FL 33154

Mailing Address

9680 E. BAY HARBOUR DR.
SUITE 206
BAY HARBOR ISLANDS FL 33154-2125
US

3. Date Incorporated or Qualified
05/22/1979

3a. Date of Last Report
01/23/1996

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

21 10800 Biscayne Boulevard

Suite, Apt. #, etc.

22 #940

City & State

23 Miami, FL

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 9944 Collins Avenue

Suite, Apt. #, etc.

27 #3

City & State

28 Bal Harbour, FL

Zip

29 33154

Country

30 USA

9. Name and Address of Current Registered Agent

BOGGESE, JAMES E
9680 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)
9944 Collins Avenue, #3

83

84 City
Bal Harbour

FL

85 Zip Code
33154

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. BOGGESE

President

January 27, 1997

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BOGGESE, JAMES E
STREET ADDRESS 9680 E. BAY HARBOR DR., STE 206
CITY-ST-ZIP BAY HARBO ISLANDS FL ☐ DELETE

TITLE VSD
NAME BOGGESE, BETTY W
STREET ADDRESS 9680 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 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9944 Collins Avenue, #3
1.4 CITY-ST-ZIP Bal Harbour, FL 33154

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9944 Collins Avenue, #3
2.4 CITY-ST-ZIP Bal Harbour, FL 33154

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 to an officers

SIGNATURE: James E. Bogges, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

Date

(305)

Daytime Phone #

899-2100

CR2E034 (9/96)