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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 687968

(8)

**BOLLINGER & ENMAN, INC.** 

## **FILED** Apr 24 1997 8:00am Secretary of State



Principal Place of Business Mailing Address				· · · · · ·		I #80118 81161 10171 40016 #0410 0170; 0011 01811 01811 01811 01817 01811 01811 11811				
B21 FORESTER		Mailing Address 321 FORESTERIA DR								
LAKE PARK FL	. 33403	LAKE PARK FL 33403-341	15							
						3. Date Incorporated or Qualified 09/17/1980	3a. Date 04/29	of Last /1996		
2. Principal P	lace of Business	28. Mailing Address 26			4. FEI Number Applied For 59-2021396 Not Applied For			Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional				
22		27				5. Certificate of Status Desired	<u> </u>	Fee F	Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
Zip Country		Zip Country				Trust Fund Contribution			to Fees	
24	25	29	30			8. This corporation has liability for in Florida Statutes	l Yes 🔲		8. 199.032,	
	9. Name and Address of Currer			T		10. Name and Address of New Reg				
BOL	LINGER, STEPHEN R			81 N	ame			·		
321	FORESTERIA DR			<b>82</b> St	reet Addre	ess (P.O. Box Number is Not Acceptabl	e)			
LAK	E PARK FL 33403				- Joe Addit	duless (1.0. box number is not neceptable)				
				83						
				<b>84</b> C	ly		FL	<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the al	bove-na	med corp	oration submits this statement for the prior board of directors. I hereby accept		nanging	its registered	
office or r agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, Fl	authorize Iorida Stat	d by the tutes.	corporati	ion's board of directors. I hereby accep-	t the appoir	tment a	s registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and litter if applicable (NO	11. Registere	o Agerit sig	nature require	go when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	SDT SAMAN ALENDY A ID	☐ DELETE	1.1 10				L	] Change	Addition	
NAME	ENMAN, HENRY A JR. 966 WHIPPOORWILL ROW.		1.2 N/							
STREET ADDRESS	WEST PALM BEACH FL			reet addi						
CITY-ST-ZIP TITLE	PD PD	DELETE	1.4 CI 2.1 TC	TY-ST-ZIF	·			Change	Addition	
NAME	BOLLINGER, STEPHEN R	C) precie	2.1 N				L	) Change	L_J ADUIJION	
STREET ADDRESS	321 FORESTERIA DRIVE			ireet addi	H C C					
CITY-ST-ZIP	LAKE PARK FL		1	(1Y - \$1 - ZI						
TITLE	***************************************	☐ DELETE	3.1 10					Change	☐ Addition	
NAME			3.2 N/	AME				*		
STREET ADDRESS			3.3 \$1	REET ADDI	ESS					
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STREET ADDRESS			4.3 ST	REE1 ADDI	RESS					
CITY-ST-ZIP	181	Document		TY-ST-ZIF			<del></del>	0	1.44%	
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STREET ADDRESS	•			REET ADD	ESS					
CITY-ST-ZIP				TY-ST- <b>Z</b> IF						
			0.0							

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 with an address.