FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION · ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 704469 1. Corporation Name

US

23

BOLESTA CENTER, INC.

Principal Place of Business
7205 N HABANA AVE TAMPA FL 33614

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

7205 N HABANA AVE **TAMPA FL 33614**

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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27.

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FILED Jan 22, 1999 8:00am **Secretary of State**

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3. Date Incorporated or Qualifed 08/31/1962

5. Certifcate of Status Desired

4. FEI Number

59-6153343

25 29 30 Trust Fund Contribution Added to Fees	Zip	Country	Country Zip Cou		untry		6. Election Campaign Financing	.	\$5.00	May Be
MURPHY JR, JAMES 8 501 E KENNEDY BLVD #1400 TAMPA FL 33601 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD	24 25 29 30									
MURPHY JR, JAMES 8 501 E KENNEDY BLVD #1400 TAMPA FL 33601 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	9. Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent	
TAMPA FL 33601 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes. SIGNATURE Signature. typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD OFFICERS AND DIRECTORS IN 12 TITLE SKAALAND, EDWARD 12. NAME STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 13. STREET ADDRESS CITY-ST-ZIP TITLE SD DELETE 14. CITY-ST-ZIP TITLE SD DELETE 21. STREET ADDRESS CITY-ST-ZIP TAMPA FL 33609 24. CITY-ST-ZIP TAMPA FL 33609	:	- · · · · · · · · · · · · · · · · · · ·		1	81	Name				
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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 617, 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.

SIGNATURE

Applied For

\$8.75 Additional

Fee Required

Not Applicable