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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 828285

**(7)** 

## FILED Apr 18 1997 8:00am Secretary of State

BOJACO REALTY CORP.  Principal Place of Business Mailing Address  10400 GRIFFIN RD #210 COOPER CITY FL 33328  COOPER CITY FL 33328-3399									
						3. Date Incorporated or Qualified	3a. Date		eport
9 Principal D	lace of Business	1 24 6	Mailing Address			07/13/1972 4. FEI Number	04/22		at a te
H	lace of business	26	viaining Address			11-1803510		<del></del>	oplied For ot Applicable
Suite, Apt	#, etc		Suite, Apt. #, etc.		, <u>,</u>	5. Certificate of Status Desired			Additional
City & Stat	e		City & State			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	<del> </del>	<b>Т</b> ір	Count	ry	Trust Fund Contribution  8. This corporation has liability for i			
<u> </u>	25 9. Name and Addres	29 s of Current Registe	red Agent	30		Florida Statutes  10. Name and Address of New Re	YesN		
	LIAMSON, ROBERT			8	1 Name		3		
104	00 GRIFFIN RD #210 OPER CITY FL 33328				2 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				8	<u> </u>		FL <sup>6</sup>	15 Zip (	Code
11. Pursuant office or r agent. La	to the provisions of Section registered agent, or both, in familiar with, and acce	ons 607.0502 and 607 in the State of Florida ept the obligations of, \$	7.1508, Florida Stat a. Such change was Section 607.0505, F	utes, the abo authorized to lorida Statut	bye-named cor by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby accept		anging it ment as	ls registered registered
11. Pursuant office or ragent. I a SIGNATURE	Signature, typed or printed name of		approable. (Ni		gent signature requ	rporation submite this statement for the pation's board of directors. I hereby acception when renstating ADDITIONS/CHANGES TO OFFIC	purpose of ch pt the appoint		,, <del>,</del>
SIGNATURE 12. TIILE NAME	Signature, typed or protect rearrant OF PD WILLIAMSON,ROBE 10400 GRIFFIN RD	of registered agont and title 1 of FICERS AND DIRECT	approable. (No	13. 1.1 TITLE	gent signature requ	uired when reinstating)	purpose of ch pt the appoint	RECTOR	S IN 12
SIGNATURE  12.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature typed or protect rearrain OF PD WILLIAMSON,ROBE	of registered agont and title 1 of FICERS AND DIRECT	appicable (NO ORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature requirements E ET ADDRESS -ST-ZIP	uired when reinstating)	DATE  DERS AND DI	RECTOR Change	S IN 12
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1. 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 ampowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Pho