

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 844390 (5)

1. Corporation Name

SUNSET LANES, INCORPORATED



Principal Place of Business

10120 FITE CIRCLE
ST. LOUIS MO 63123

Mailing Address

10120 FITE CIRCLE
ST. LOUIS MO 63123

3. Date Incorporated or Qualified
10/19/1979

3a. Date of Last Report
04/03/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
43-0761969

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 (But Not for Div.)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOJE, WILLIAM H.
609 CRATER LANE
TAMPA FL 33619

81 Name William H. Boje
82 Street Address (P.O. Box Number is Not Acceptable)
609 Crater Lane
83 Tampa, FL 33619
84 City FL 85 Zip Code

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

William H. Boje

(NOTE: Registered Agent signature required when non-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOJE, GLORIA J	
STREET ADDRESS	4425 46TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BOJE, JEFFREY	
STREET ADDRESS	4425 46TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITE, CHRISTY BOJE	
STREET ADDRESS	4425 46TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOJE, WILLIAM H	
STREET ADDRESS	4425 46TH AVE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOJE, DEBRA	
STREET ADDRESS	4425 46TH AVE S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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:

Jeffrey W. Boje 3-8-96 (813) 621-2363

SIGNATURE, TITLE, AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)