FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 17 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F86061

1. Corporation Name
BOXER STATION, INC.

Principal Place of Business
111 2 AVE NE
ST Petersburg Suite 209
Fl 33701

Mailing Address
New

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
6/23/82

2. Principal Place of Business
21 1040 Water Oak CT NE
Suite, Apt. #, etc
22
City & State
23 ST Petersburg Fl
Zip
24 33703 [25] Country Pinellas

2a. Mailing Address
26 1040 WATER OAK CT. N.E.
Suite, Apt. #, etc
27 ST Petersburg
City & State
28 Fl
Zip
29 33703 [30] Country Pinellas

4. FEI Number
59-2205120
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 owes the current year Intangible Personal Property Tax [ ] Yes [X]

9. Name and Address of Current Registered Agent
SAMUEL HETRICK
1040 WATER OAK CT NE
ST Petersburg Fl.
33703

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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
Signature, typed or printed name of registered agent and date signed

12. OFFICERS AND DIRECTORS

TITLE	Pres.	[ ] DELETE
NAME	Samuel M HETRICK	
STREET ADDRESS	1040 Water Oak CT NE	
CITY-ST-ZIP	ST Pete Fl 33703	
TITLE	V. Pres	[ ] DELETE
NAME	Jean HETRICK	
STREET ADDRESS	1040 Water Oak CT NE	
CITY-ST-ZIP	ST Pete Fl 33703	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

71 Title		[ ] Change [ ] Add
72 Name		
73 Street Address		
74 City-St-Zip		
75 Title		[ ] Change [ ] Add
76 Name		
77 Street Address		
78 City-St-Zip		
79 Title		[ ] Change [ ] Add
80 Name		
81 Street Address		
82 City-St-Zip		
83 Title		[ ] Change [ ] Add
84 Name		
85 Street Address		
86 City-St-Zip		
87 Title		[ ] Change [ ] Add
88 Name		
89 Street Address		
90 City-St-Zip		

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****150.00 ****150.00

14. I 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 be legally effective to any false information contained herein. 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, with all other like empowered.

SIGNATURE: S. Hetrick 3/16/99 727 527 7766
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR

CR2E034 (11/98)