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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001348 (9)

1. Corporation Name

BUSINESS OPTIONS, INC.



Principal Place of Business

2301 172ND ST #101
LANSING IL 60438

Mailing Address

2301 172ND ST #101
LANSING IL 60438-6003

3. Date Incorporated or Qualified

03/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 3001 LEONARD DR.

Suite, Apt. #, etc.

22 SUITE 302

City & State

23 VALPARAISO IN

Zip

24 46383

Country

25 PORTER

2a. Mailing Address

26 3001 LEONARD DR.

Suite, Apt. #, etc.

27 SUITE 302

City & State

28 VALPARAISO IN

Zip

29 46383

Country

30 PORTER

4. FEI Number

36-3882046

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

9. Name and Address of Current Registered Agent

NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS KINTZEL, KURTIS J
CITY-ST-ZIP 8380 LOUISIANA ST
MERRILLVILLE IN 46410

TITLE ☐ DELETE

NAME DS
STREET ADDRESS JUAREZ, JOSEPH D
CITY-ST-ZIP 8380 LOUISIANA ST
MERRILLVILLE IN 46410

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 3001 LEONARD DRIVE, SUITE 302
1.4 CITY-ST-ZIP VALPARAISO, IN 46383

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3001 LEONARD DRIVE, SUITE 302
2.4 CITY-ST-ZIP VALPARAISO, IN 46383

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Kurtis J. Kintzel 6/21/97 2:16 PM (81-1020)

CR2E034 (9/96)