

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90002 044 ***300.00

DOCUMENT # **H17976**

1. Corporation Name
BORU, INC.

Principal Place of Business
**1111 N. CONGRESS AVENUE
W. PALM BEACH FL 33409**

Mailing Address
**1111 N. CONGRESS AVENUE
W. PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1984

4. FEI Number
59-1318711

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 ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAUGHLIN, ARTHUR J.
PALM BEACH KENNEL CLUB
1111 NO. CONGRESS AVENUE
W PALM BEACH FL**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROONEY, TIMOTHY J.**
STREET ADDRESS **160 WELL RD**
CITY-ST-ZIP **PALM BEACH FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ROONEY, PATRICK J.**
STREET ADDRESS **745 HARBOUR POINT DR**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **1111 NORTH CONGRESS AVENUE**
24 CITY-ST-ZIP **WEST PALM BEACH, FL 33409-6317**

TITLE **STD** ☐ DELETE
NAME **ROONEY, JOHN J.**
STREET ADDRESS **10942 EGRET POINTE LANE**
CITY-ST-ZIP **WEST PALM BEACH FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROONEY, DANIEL M.**
STREET ADDRESS **940 NORTH LINCOLN**
CITY-ST-ZIP **PITTSBURG PA**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **ROONEY, ARTHUR J., JR.**
STREET ADDRESS **1190 WASHINGTON RD**
CITY-ST-ZIP **PITTSBURGH PA**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ARTHUR J. LAUGHLIN

Date

Daytime Phone #

1/11/99 (561) 683-2222

CR2E034 (11/98)