## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J65023

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BOARDWALK ENTERPRISES, INC.

Principal Place of Business	Mailing Address	
31640 U.S. HWY 19 NORTH	31640 U.S. HWY 19 NORTH	

## FILED May 06 1997 8:00am Secretary of State



City & Station   Country   28   28   Country   29   29   Country   29   29   Country   29   20   Country	91840 U.S. HM PALM HRBOR		31640 U.S. HWY 19 NORT PALM HRBOR FL 34684-3:					
Sulpha, Apt. #, etc.						· '		
Suit	*****	lace of Business	2a. Mailing Address			1	<i>,</i>	Applied For
City & Sittle  City &				<del></del> ;		59-2826126		
20	22		27	againg 17 - Maria de Africa.		5. Certificate of Status Desired	Fee F	Required
26	23		28			, ,		
OUATTROCKI, JOHN J. 31840 U.S. HWY 19 NORTH PALM HRBOR FL 34684  82 Street Address (P.O. Box Number is Not Acceptable)  83 City FL 85 Zip Codo  11. Pursuant to the provisions of Sections 607.0502 and 607 1508. Florida Statuta. The expensions of Sections 607.0502 and 607 1508. Florida Statuta is the expension submits this statement for the purpose of changing als registered agent, are replaced agent, or both, in the State of Florida Such change was author/bod by the corporation submits this statement for the purpose of changing als registered agent, are replaced agent, are marrial with, and accept the deligations of, Section 607.0505, Florida Statutas.  SIGNATURE Symmetry pages printed senior already and the Harpton of Code of the Company in the purpose of changing als registered agent, are the Harpton of Code of the Code o	Zip 24	25	29	<b>⊢</b> −ı	try	Florida Statutes	Yes No	s. 199.032,
\$14 O U.S. HWY 19 NORTH PALM HRBOR FL 34684  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   7tp Codo  11. Pursuant to the provisions of Sections 607 (502 and 607 1508. Florida Statutes, the above-harmed corporation authritis this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-harmed corporation authritis this statement for the purpose of changing its registered agent, are witness appeared to obtain the State of Florida Statutes. Statutes  SIONATURE    1			nt Registered Agent			10. Name and Address of New Re	gistered Agent	
PALM HRBOR FL 34684    B4   City   FL   65   Zip Codo   Ci				[1	31 Name			
B3   B4   City				ļ	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
11. Pursuant to the provisions of Sochons 607 0502 and 607 1508, Florida Statutos, the above named corporation submits this statement for this purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I horoby accept the appointment as registered agent, or both, in the State of Position Such Change is a position of the St				: [1	33			
1. Persuant to the provisions of Socions 607 (9502 and 607 1508; florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agant. I am familiar with, and accept the obligations of, Section 607 (9505; Florids Statutes)				1	34 City		FL 85 7ip	) Code
1	office or r	registered agent, or both, in the State	of Florida. Such change was a	authoriżed	by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urnose of changing	its registered is registered
18.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	SIGNATURE	Signature, typed or printed name of registered age	ent and tille if applicable. (NO)	L Registored	Agent signature req	uled when roinslating)	DATE	
NAME   STREET ADDRESS   3180 US HWY 19 NORTH   13 STREET ADDRESS   14 CUTY-ST-2P   PALM HARBOR FL 34684   14 CUTY-ST-2P   1711E   Change   Addition   Ad	12.							PRS IN 12
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	NAME			1.2 NAM	AE			
TITLE	STREET ADDRESS			1.3 STR	EE1 ADDRESS			
NAME		PALM HARBUR FL 34684						
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CRY-ST-ZIP	NAME			4. 2 NA	ME		_ •	
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SAME	CITY-ST-ZIP			4.4 (CIT	Y-SI-ZIP			
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	CITY-ST-ZIP			6.4 CIT	(-SI-ZIP			

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 of 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 10 or an attachment with an address.

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