

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J96322 (9)

1. Corporation Name

BOUGAINVILLE, INC.

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>09/30/1987                                                                                                     | 3a. Date of Last Report<br>04/20/1994                  |
| 4. FEI Number<br>65-0018132                                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> 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                        | 28. Zip                 |
| 24. Country                    | 29. Country             |

9. Name and Address of Current Registered Agent

FARNAULT, PATRICK  
824 N. RW VISTA BLVD  
888 S. ANDREW, STE. 210  
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83.                                                    |              |
| 84. City                                               | FL           |

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 of Registered Agent (print name of registered agent and title of agent)

Signature of Registered Agent (print name of registered agent and title of agent)

Signature

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FARNAULT, PATRICK F.   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 824 N. RIO VISTA BLVD. | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | FT. LAUDERDALE FL      | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | V                      | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SEGER, ROBIN L.        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 824 N. RIO VISTA BLVD. | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | FT. LAUDERDALE FL      | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                        | 6.4 CITY, ST, ZIP                                     |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that it is not required by the provisions stated in Section 110.07(2)(b), 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 registered agent or another person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 6, 12 or Block 13 if changed, or on an attachment with an address change.

SIGNATURE:

P. FARNAULT

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT AGENT OR DIRECTOR

4/20/95 (305) 4637329