


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90169 034 ***150.00

0475048

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J97550

1. Corporation Name
BOLLOM INTERNATIONAL, INC.

Principal Place of Business 2 N TAMiami TRAIL SUITE 408 SARASOTA FL 34236 US	Mailing Address 2 NORTH TAMiami TRAIL SUITE 408 SARASOTA FL 34236 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/16/1987	4. FEI Number 65-0006694	Applied For Not Applicable
---	--	---	-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BARTIROME, ANTHOY D
2 NORTH TAMiami TRAIL, SUITE 408
SARASOTA FL 34236

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	BOLLOM, J. W.	
STREET ADDRESS	16 FOREST RIDGE	
CITY-ST-ZIP	KESTON, KENT ENGLAND	
TITLE	VSD	
NAME	HEMPHILL, E	
STREET ADDRESS	4 HIGHGROVE CLOSE	
CITY-ST-ZIP	CHISLEHURST, KENT, ENGLAND	
TITLE	VTD	
NAME	BOLLOM, MARTIN PATRICK	
STREET ADDRESS	5 WHITECROFT WAY	
CITY-ST-ZIP	BECKENHAM KEN EN	
TITLE	VD	
NAME	ROBERTSON, ALISTAIR G	
STREET ADDRESS	42 BOWES RD.	
CITY-ST-ZIP	NEW ASH GREEN, KENT, ENGLAND	
TITLE	V	
NAME	IRONS, LORETTA P	
STREET ADDRESS	2 NORTH TAMiami TRAIL, SUITE 408	
CITY-ST-ZIP	SARASOTA FL 34236	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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: Alistair Robertson 27 APRIL 1999 1-972 867 877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)