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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K04956 1. Corporation Name

BORDNER ENTERPRISES, INC.

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90046 048 ***150 00



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BER RD 1950 BARBER RD							
D. 1958 BARBER RD.)		
34240	SARASC	TA FL 34240			DO NOT WRITE IN THIS SPACE		
	US	US			3. Date Incorporated or Qualifed		
					12/01/1987		ĺ
Place of Business	2a. Mai	ing Address			- 	T	Applied For
,	<u></u> ⊢				J	⊢- t-	Not Applicable
# etc		e Ant # etc			00 0020014		5 Additional
		ь, гър. н, ото.			5. Certifcate of Status Desired	T	Required
<u> </u>		0 01-1-					
ie	´	& State			,		0 May Be
					Trust Fund Contribution	Adde	d to Fees
Country	Zip	- ' '			8. This corporation owes the curr	ent year Intangible	
25	29	3	30		Personal Property Tax.	☐ Yes	₽No
	t Registered	Agent			10. Name and Address of New F	Registered Agent	
• ३ च्या मध्या देव	•		81	Name	-		
BORDNER, LARRY A							
6 N. LEEWYNN DR.			82	Street A	ddress (P.O. Box Number is Not Accepta	ible)	J
IASOTA FL: 34240			83	 	1 12 % 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	erate and the second	* 10 * 11331
•			"				
			84	City		85 Zi	p Code
135		San Comment		1 -			·
to the provisions of Sections 607.050	2 and 607.15	08, Florida Statutes	s, the abov	e-named co	orporation submits this statement for the	purpose of changing	its registered
					ation's board of directors. I hereby accep	it the appointment as	registered
and the second s		00, 10000, 1 10110		٠.			1
	nt and title if applic	able. (NOTE: R	Registered Age	nt signature reg	uired when reinstating)	DATE	
							TORS IN 12
							
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	RD. 34240 Place of Business #, etc. RE Country 25 9. Name and Address of Currer REDNER, LARRY A. 6. N. LEEWYNN DR. ASOTA FL 34240 to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obligated agent for pointed name of registered agent. OFFICERS AN PD BORDNER, LARRY A.	RD. 1958 BA 34240 SARASC US Place of Business 2a. Mail 26 #, etc. Suit 27 te Country 28 Country 29 9. Name and Address of Current Registered RDNER, LARRY A. 6 N. LEEWYNN DR. ASOTA FL 34240 to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Sum familiar with, and accept the obligations of, Sect Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTOR PD BORDNER, LARRY A.	RD. 34240 1958 BARBER RD. SARASOTA FL 34240 US Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 te City & State 28 Country 2ip 29 9. Name and Address of Current Registered Agent RDNER, LARRY A. S.N. LEEWYNN DR. ASOTA FL 34240 to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida, Suich change was au m familiar with, and accept the obligations of Section 607.0505, Florida Statute of Florida Suich change was au m familiar with, and accept the obligations of Section 607.0505, Florida Statute OFFICERS AND DIRECTORS PD DELETE	## etc. Suite, Apt. #, etc.	## etc. City & State	RD. 34240 SARASOTA FL 34240 US 2a. Mailing Address Let City & State City & State Country Let Country	RD. 34240 SARASOTA FL 34240 US 3. Date incorporated or Qualifed 12/01/1987 4. FEI Number 65-0020674 #, etc. Suite, Apt. #, etc. City & State 28 Country 21p Country 22p Country 21p Country 21p Country 30 Shame and Address of Current Registered Agent DNER, LARRY A. B. N. LEEWYIN DR. ASOTA FL 34240 B4 City FL Sureet Address (P.O. Box Number is Not Acceptable) B5 City & State of Changing egistered agent and wide if applicable. (NOTE: Registered Agent signature required where rainstating) Signature, typed or printed name of registered agent and wide if applicable. (NOTE: Registered Agent signature required where rainstating) Signature, typed or printed name of registered agent and wide if applicable. (NOTE: Registered Agent signature required where rainstating) DATE OFFICERS AND DIRECTORS 11. TITLE DELETE 1.1 TITLE DEDIDER, LARRY A. 12 NAME

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)