

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

DOCUMENT # L-12558

1. Corporation Name  
**Boshire Corporation**

Principal Place of Business  
**833 Carnation Drive  
Sebastian Florida 32958**

Mailing Address  
**833 Carnation Drive  
Sebastian Florida  
32958**

2. Principal Place of Business  
21 **7230 U.S. Hwy 1**

Suite, Apt. #, etc.

22 City & State  
23 **Grant Florida**

Zip Country

24 **32949** 25 **U.S.A.**

26 **7230 U.S. Hwy 1**

Suite, Apt. #, etc.

27 City & State  
28 **Grant Florida**

Zip Country

29 **32949** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**Robert W. Dinger  
833 Carnation Drive  
Sebastian Florida 32958**

81 Name **Robert W. Dinger**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7230 US HWY 1**  
83  
84 City **Grant**

FL 85 Zip Code **32949**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation, subject to the consent of 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 **Robert W. Dinger, Robert W. Dinger**

3/12/99

12. OFFICERS AND DIRECTORS

TITLE	<b>Director</b>	[ ] Delete
NAME	<b>Robert W. Dinger</b>	
STREET ADDRESS	<b>833 Carnation Drive</b>	
CITY-ST-ZIP	<b>Sebastian FLA. 32958</b>	
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>Director</b>	[ ] Change [ ] Addition
NAME	<b>Robert W. Dinger</b>	
STREET ADDRESS	<b>7230 US HWY 1</b>	
CITY-ST-ZIP	<b>Grant Florida 32949</b>	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
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)(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 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: **Robert W. Dinger, Robert W. Dinger**

3/12/99

561-589-8653

FILED

99 MAR 17 PM 2: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Organization  
**8-28-1989**

4. FEI Number  
**65-0141679**

Applied For  
Not Applicable

5. Certificate of Status Desired [ ]

\$8.75 Additional  
Fee Required

6. Election Certificate Enclosed [ ]  
Trust Fund Contribution [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

CR2E034 (1/198)