FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L26945** **(0)**

1. Corporation Name
BOKAVI CO.

Principal Place of Business
16401 KELLY WOODS DRIVE
SUITE 143
FORT MYERS FL 33908
US

Mailing Address
16401 KELLY WOODS DRIVE
SUITE 143
FT MYERS BEACH FL 33908
US

3. Date Incorporated or Qualified: 11/01/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 2407 PERIWINKLE WAY
22 Suite, Apt. #, etc.: #9
23 City & State: SANIBEL ISLAND FLA
24 Zip: 03957
25 Country: USA

2a. Mailing Address
26: 2407 PERIWINKLE WAY
27 Suite, Apt. #, etc.: #9
28 City & State: SANIBEL ISLAND FLA
29 Zip: 03957
30 Country: USA

4. FEI Number: 65-0157747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BANUSEVICH, WALTER
16401 KELLY WOODS DRIVE
SUITE 143
FT MYERS BEACH FL 33908

10. Name and Address of New Registered Agent
81 Name: BANUSEVICH WALTER
82 Street Address (P.O. Box Number is Not Acceptable): 16400 MILESTONE CIRCLE
83: #207
84 City: FT MYERS FL 85 Zip Code: 33908

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: Walter Banusevich 4/25/96
Signature, typed or printed name of registered agent and title, if applicable — (FILING: Registered Agent signature required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BANUSEVICH, WALTER 16401 KELLY WOODS DR#143 FT. MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 16400 MILESTONE CIRCLE #207 FT MYERS, FLA 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BANUSEVICH, KATHLEEN 16401 KELLY WOODS DR#143 FT. MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 16400 MILESTONE CIRCLE #207 FT MYERS, FLA 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Walter Banusevich 4/25/96 941-395-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER BANUSEVICH

CR2E034 (12/95)