


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

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 2407 PERIWINKLE WAY #9 SANIBEL ISLAND FL 03957 US		Mailing Address 2407 PERIWINKLE WAY #9 SANIBEL ISLAND FL 03957 US			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/01/1989	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 05/01/1996	
City & State 23		City & State 28		4. FCI Number 65-0157747	
Zip 33957		Country 25		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BANOSEVICH WALTER 16400 MILLSTONE CIRCLE #207 FT MYERS FL 33908				10. Name and Address of New Registered Agent	
81 Name BANUSEVICH WALTER				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code FL				86	
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 typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
14 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
16 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
17 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
18 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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28 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
29 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
30 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					

SIGNATURE:

Walter Banusevich

4/13/97

941-395-1433

CR2E034 (9/96)