

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L46592 (6)

1. Corporation Name

BOL-GUARD, INC.



Principal Place of Business

**13924 SW 75 STREET
MIAMI FL 33183**

Mailing Address

**13924 SW 75 STREET
MIAMI FL 33183**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

**CRESPO, NORMA
13924 SW 75 ST.
MIAMI FL 33183**

3. Date Incorporated or Qualified

12/23/1990

3a. Date of Last Report

05/01/1995

4. FET Number

65-0168062

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

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

Signature of individual named in registration statement and the change of agent

Signature of Registered Agent as required by law

6/4/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	CRESPO, NORMA	
STREET ADDRESS	13924 SW 75 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ DELETE
NAME	CRESPO, ROSA L	
STREET ADDRESS	13924 SW 75 ST.	
CITY-ST-ZIP	MIAMI FL 33183	
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

11.1 TITLE	☐ Change ☐ Addition
12.1 NAME	
13.1 STREET ADDRESS	
14.1 CITY-ST-ZIP	
21.1 TITLE	☐ Change ☐ Addition
22.1 NAME	
23.1 STREET ADDRESS	
24.1 CITY-ST-ZIP	
31.1 TITLE	☐ Change ☐ Addition
32.1 NAME	
33.1 STREET ADDRESS	
34.1 CITY-ST-ZIP	
41.1 TITLE	☐ Change ☐ Addition
42.1 NAME	
43.1 STREET ADDRESS	
44.1 CITY-ST-ZIP	
51.1 TITLE	☐ Change ☐ Addition
52.1 NAME	
53.1 STREET ADDRESS	
54.1 CITY-ST-ZIP	
61.1 TITLE	☐ Change ☐ Addition
62.1 NAME	
63.1 STREET ADDRESS	
64.1 CITY-ST-ZIP	

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)(a), 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, unchanged, or only with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

Check for Filing Fee

CR2E034 (12/95)