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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51672

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FILED
Jan 29 1998 8:00am
Secretary of State

BOJAN	I'S OF FLORIDA, IN	iC.								
Original Place	e of Business		oitin a Aufairean			 	-			
- '			ailing Address							
C/O SUE LAMONT C/O SUE LAMONT										
250 104TH AVENUE 250 104TH AVENUE TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706							DO NOT WRITE	IN THIS S	PACE	
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ļ							02/21/1990			1
2. Principal P	Place of Business	2a.	Mailing Address	<u> </u>			4. FEI Number		Ar	oplied For
21			26			59-3881358			ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75	
22		27					5. Certificate of Status Desired	ليا	Fee Re	equired
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added	
Zìp	Country		Zip	Cour	ntry		8. This corporation owes or has pa	id the curr	ent year Int	tangible
24	25	29		30			Personal Property Tax due June] No
	g, Name and Address	s of Current Regis	tered Agent				10. Name and Address of New Re	gistered A	gent	
<u>L</u> Ai	MONT, SUE				81 N	lame				
	0 104TH AVENUE			ŀ	82 S	treet Addre	ss (P.O. Box Number is Not Acceptab	nle)		
TR.	EASURE ISLAND FL 33	3706				00100.0	os (r.e. Barriamos is mari apopua	,		•
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				L	84 C	City			85 Zip (Code
					6	ицу		FL	183 Zip (Code
11. Pursuant	to the provisions of Section	ns 607,0502 and 60	07.1508, Florida Stat	utes, the ab	ove-na	amed corpo	ration submits this statement for the p	urpose of	changing it	s registered
office or r	registered agent, or both, i am familiar with, and accer	in the State of Floric of the oblications of	la. Such change wa: . Section 607.0505.	s authorized Florida Statu	d by the utes.	e corporatio	oration submits this statement for the pon's board of directors. I hereby accept	of the appo	intment as	registered
SIGNATURE	,,		,,						*	
	Signature, typed or printed name of	registered agent and title	if applicable. (N	OTE, Registered	Agent si	gnature required	d when reinstating)	DATE		
12,	OFF	registered agent and title ICERS AND DIREC	TORS	OTE: Registered	Agent si	gnature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12
12. TITLE	PTD	FICERS AND DIREC				gnature required		ERS AND	DIRECTOR Change	IS IN 12
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indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 118.07(3)(t), fronce statutes. Further certify that the information indicated on this annual report or suppliemental 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: