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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90070 009 ***150.00

	BOLO, INC.							
Principal Place of Business 5148 OCEAN BLVD. SARASOTA FL 34239 Mailing Address 5148 OCEAN BLVD. SARASOTA FL 34239								
			12 04203		DO NOT WRITE	E IN THIS SPACE		
2 Principa	al Place of Business				3. Date incorporated or Qualifed	- III GFACE	·	
21	ai Flace of Business	2a.	. Mailing Address		05/21/1990 4. FEI Number	<u>.</u>		
	Apt. #, etc.				4. FEI Number 65-0201721		Applied For	
22			Suite, Apt. #, etc.				Not Applicable	
City & S	State	27	City & State		5. Certifcate of Status Desired	□ \$8.7	5 Additional	
23		28	City & State		6. Election Campaign Financing		Required	
Zip	Country	20	Zip	Country	Trust Fund Contribution	55.(May Be ed to Fees	
24	25	29	·	30	8. This corporation owes the current	Vear Intangible	to rees	
	9. Name and Address	of Current Regist	ered Agent		Personal Property Tax	17 V	□No	
SA	LIH, FRANKLIN			81 Name	10. Name and Address of New Reg	istered Agent		
514	48 OCEAN BLVD.	JĀ.		00				
SAI	RASOTA FL 34242	***		82 Street Ad	ddress (P.O. Box Number is Not Acceptable	 _		
				83	The second secon	Server areas areas	<u>ga mampi masuja kalek</u>	
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14 D				84 City	The state of the s	85 Zir	11 719-11 47577 1881	
					rporation submits this statement for the purp tion's board of directors. I hereby accept the	pose of changing it appointment as r	s registered egistered	
2.	Signature, typed or printed name of rec	gistered agent and title if ap CERS AND DIRECT	oplicable. (NOT	utes, the above-named co authorized by the corpora lorida Statutes. E: Registered Agent signature required. 13.	red when reinstating)	ATE		
Office or agent. I a SIGNATURE 2. TLE	Signature, typed or printed name of reg OFFIC DP SALIH, FRANKLIN	gistered agent and title if ag	policable (NOT	E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICE	ATE	ORS IN/12	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

941-346-171