**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)BOCILLA, INC. Principal Place of Business Mailing Address 7025-A PLACIDA RD 7025-A PLACIDA RD ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 08/21/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2324655 26 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zin 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NODEN, CRAIG R 7025-A PLACIDA RD 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 34224 83 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 filln if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NODEN, R. CRAIG NAME 12 NAME 7025-A PLACIDA RD STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NODEN, WARREN A 2 2 NAME 385 PELICAN BEND STREET ADDRESS 2.3 STREET ADDRESS CAPE HAZE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NODEN, MELANIE 3 2 NAME 385 PELICAN BEND STREET ADDRESS 3.3 STREET ADDRESS CAPE HAZE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS

14. Thereby certify that the information supplied with this filling 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 arrival report is frue 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 conjugate or the recovered 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 attachnish with a address.

5.4 CITY-ST-ZIP

**63 STREET ADDRESS** 

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

04-22-98

(941)697-2000

Change

CR2E034 (10/97

Addition