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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005289 (3)

1. Corporation Name

B.S.O. EXPLORER PROGRAM, INC.

Principal Place of Business

P.O. BOX 450998

SUNRISE, FL. 33345

Mailing Address

P.O. BOX 450998

SUNRISE, FL. 33345

3. Date Incorporated or Qualified

10/24/ 1994

3a. Date of Last Report

03/01/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISLER, CAROL
9484 N.W. 39th STREET
SUNRISE, FL. 33351-7616

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

ISLER, CAROL

STREET ADDRESS

9484 N.W. 39th STREET

CITY - ST - ZIP

Sunrise, FL. 33351-7616

TITLE

D

☒ DELETE

NAME

MCCOY, STEVE

STREET ADDRESS

6137 HOGAN CREEK ROAD

CITY - ST - ZIP

MARGATE, FL. 33063

TITLE

SD

☐ DELETE

NAME

WASHECKA, LESLEY

STREET ADDRESS

5721 N.W. 74th AVENUE

CITY - ST - ZIP

TAMARAC, FL. 33321

TITLE

TD

☐ DELETE

NAME

RICHIE, DAVE

STREET ADDRESS

7710 N.W. 79th AVENUE

CITY - ST - ZIP

TAMARAC, FL. 33321

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 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

D
THOMPSON, JASON
990 S.E. 5th COURT
POMPANO BCH., FL. 33060

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*****70.00**

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL ISLER

2/14/96 305-321-4100

Date Daytime Phone #

05 2-28-96

CR2E037 (12/95)