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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005289

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

1 66509 90183 46



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/24/1994

4. FEI Number

65-0401282

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

9. Name and Address of Current Registered Agent

ISLER, CAROL
9484 NW 39 STREET
SUNRISE FL 33351

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ISLER, CAROL**
STREET ADDRESS **9484 NW 39 ST**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☒ DELETE

NAME **THOMPSON, JASON**
STREET ADDRESS **990 S.E. 5TH COURT**
CITY-ST-ZIP **POMPANO BCH FL 33060**

TITLE **TD** ☒ DELETE

NAME **RICHE, DAVE**
STREET ADDRESS **7710 NW 79 AVE #A6**
CITY-ST-ZIP **TAMARAC FL 33321**

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **REYNOLDS, MICHELLE**
2.3 STREET ADDRESS **P.O. BOX 450998**
2.4 CITY-ST-ZIP **SUNRISE, FL 33345-0998**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **QUINTOLI, RICHARD**
3.3 STREET ADDRESS **P.O. BOX 450998**
3.4 CITY-ST-ZIP **SUNRISE, FL 33345-0998**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/11/99 954-321-4101

Date

Daytime Phone #

CR2E037 (1/98)