SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000003886 (7) DOCUMENT #

BOU' BOU' & BOU'KEI, INC.

FILED Sep 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					E CONTINUL DIO COLEH ELITH DONIN DONY ERI		
2741 S.W. 8TH STREET 2741 S.W. 8TH STREET							
FT. LAUDERDAL		FT. LAUDERDALE FL 33312			DO NOT WOITE	N TUIC CDACE	
					3. Date incorporated or Qualified	3a. Date of Last Report	
					08/15/1995	08/06/1996	
2. Principal P	lace of Business S. W. 844 Stree T	2a. Mailing Address	8/4 5	Luci	APPLIED FOR 65. 0	Applied For	
21 2741 Suite, Apt.				r Rec 7	AFFLIED FOR @O- U		
22	#, U C.	27	——————————————————————————————————————		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	State City & State				8. Election Campaign Financing	\$5.00 May Be	
23 FORT	LANDERDALE FLORA	.,			Trust Fund Contribution	Added to Fees	
Zip 24 333/	Country 25 Broward	29 Zip	Count	BROWARD	This corporation owes or has paid Personal Property Tax due June 3		
241	9. Name and Address of Co	100	30	KOMMK	10. Name and Address of New Reg		
			Ε	Name			
GRIFFIN, JAMES F II							
2741 S.W. 8TH STREET			١٤	Street Addr	ress (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33312			8	13			
			8	14 City	4	85 Zip Code	
44 Diverse	to the profesions of Continue Cd	7 #COO and 617 #COO Fladda Olahua				FL 69 2000	
office or r	egistered agent, or both in the	State of Florida, Such change was a	es, the abo luthorized	by the corporat	poration submits this statement for the pu tion's board of directors. I/hereby accept	rpose of changing its registered the appointment as registered	
11. Pursuant to the profisions of Sections 617,7502 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. Unereby accept the appointment as registered agent, I am familia, with, and accept the obligations of, Section 617,0503, Florida Statutes.							
SIGNATURE 9/16/97 Strang prot or grigor same of Appendix of applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		S AND DIRECTORS	13.	Agent signature requi	ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTORS IN 12	
ΥITLE	Dr	DELETE	1.1 TITL	E	7.001110110101111101011010111101	Change Addition	
NAME	GRIFFIN, JAMES F II	_	1.2 NAM				
STREET ADDRESS	2741 S.W. 8TH STREET			ET ADDRESS		•	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		1.4 CITY-ST-ZIP		•		
TITLE	1	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	FULLER, VIOLA J		2.2 NAM	E I			
STREET ADDRESS	2741 S.W. 8TH STREET			ET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 3331	12		Y-ST-ZIP	,		
TITLE			3.1 TITLI	·····		☐ Change ☐ Addition	
NAME	FULLER, ERNEST		3.2 NAM	E			
STREET ADDRESS	2741 S.W. 8TH STREET		3.3 STRE	ET ADDRESS		İ	
CITY-ST-ZIP	ET LAUDEDDALF EL COMO			(-ST-ZIP			
TITLE			4.1 TITLE			Change Addition	
NAME			4. 2 NAN	AE			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			
TITLE	·····	☐ DELETE	5.1 TITLI			Change Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS		İ	
CITY-ST-ZIP	**-		4	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			6.2 NAM			- · - · ·	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
44 14-1		4 1 11 11 11 11 1	a				

I do hereby 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 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 five 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, of onlyin affactment with an address.