

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 192000008471

1. Corporation Name

V. BOOMBOTZ, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/92

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 213 NW BENTLEY CIRCLE

26

Suite, Apt. #, etc

22

27

Suite, Apt. #, etc

City & State

28

City & State

23 PORT ST. LUCIE, FL

24

Zip

34986

Country

ST. LUCIE

29

Zip

Country

30

4. FEI Number

59-3160252

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐

yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINO, VINCENT J.
213 NW BENTLEY CIRCLE
PORT ST. LUCIE, FL 34986

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

213 NW BENTLEY CIRCLE

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 the date of signature

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
President/Director
Vincent J. Lino
213 NW Bentley Circle
Port St. Lucie, FL 34986

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
Vice President/S/T/D
Pat Lino
213 NW Bentley Circle
Port St. Lucie, FL 34986

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

200001475442

05/04/95-01029-013

***200.00 ***200.00

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent J. Lino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

DATE

(407) 878-9184

TELEPHONE NUMBER