## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000008471

1. Corporation Name

V. BOOMBOTZ, INC.

## **FILED** Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90105 014 \*\*\*150.00



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Principal Place	e of Business	Mailing Address	Mailing Address			11011 00111 20111 20111 00111 00111	,, , <u>,,,,</u>	
213 N BENTLE		213 N BENTLEY CIR.						
PORT ST LUCIE	E FL 34986	PORT ST LUCIE FL 34986			DO NOT WRITE IN THIS SPACE			
					3. Date incorporated of 11/25/1992	or Qualifed		
2. Principal Place of Business 2a. Mailing Address			<del></del>		4. FEI Number		T A	pplied For
21 1866 9		26		59-3160252		N	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.		\$8.75 Additional			Additional	
22	of Sometime	27		5. Certificate of Status Desired Fee Required -				
City & Stat	cty 71_	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country		8. This corporation ow	es the current year Intan		_	
24 7499	0 25 ÚSA	29 30			Personal Property 1	<u> </u>	_i Yes	□No
	9. Name and Address of Current	t Registered Agent	81		10. Name and Addres	s of New Registered Ag	jent	
LINO, VINCENT J				Name U	INCENT LIN			
	NW BENTLEY CIR.			Street Addr	ress (P.O. Box Number is N	lot Acceptable)		
	T ST LUCIE FL 34986		83	1800	SW BRAD FOR			
			L	PALM	city 41	34990	<del></del>	
			84	City	,	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, t	he abov	L e-named corp	poration submits this statem	ent for the purpose of ch	nanging it:	s registered
office or r	registered agent, or both, in the State of the miliar with, and accept the obligation	of Florida. Such change was autho	rized by	the corporation	on's board of directors. I he	ereby accept the appointr	nent as re	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Ren)	etered Ane	ot signature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.	,		ES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD		1.1 TITLE	"-	-		Change	☐ Addition
NAME	LINO, VINCENT J	i de la companya de	1.2 NAME					
STREET ADDRESS	213 N.W. BENTLEY CIR.		1.3 STREE	T ADDRESS !				
CITY-ST-ZIP	PORT ST LUCIE FL 34986		1.4 CITY-S	ST-ZIP				
TITLE	VSTD	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	LINO, PAT		2.2 NAME					
STREET ADDRESS	213 N.W. BENTLEY CIR			T ADDRESS				
	PORT ST LUCIE FL 34986		2. 4 CITY-					
CITY-ST-ZIP	TOTT OF 20012 12 01000		3.1 TITLE	<u> </u>			☐ Change	☐ Addition
NAME			3.2 NAME	-	5 - 5 - 5 - 5	والمصارف الوالا المصاري		
STREET ADDRESS	,	ľ		TADORESS				ł
CITY-ST-ZIP			3.4. CITY-S	- 1				}
TITLE			4.1 TITLE	01-631		<u> </u>	Change	Addition
NAME		_	4. 2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME	1				}
STREET ADDRESS			5.3 STREE	TADORESS				Ì
CITY-ST-ZIP	•		.5.4 CITY-S	ST-ZIP				Ĭ
TITLE			6.1 TITLE		<del></del>		Change	☐ Addition
NAME		_	6.2 NAME					
	}			T ADDRESS				}
STREET ADDRESS			C400010	7. 310				

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 607, 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: