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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P92000012108 (6)

BISOUS, INC.

FILED Feb 03 1998 8:00am Secretary of State

Principal Disc	ce of Business	Mailing Addross						
		Mailing Address						
CHEVROLET	CTR. INC S GARDENS BLVD	P.O. BOX 3475 West Palm Beach Fl	33402			 		
	EN FL 33890	WEGT THEM DENGTITE	UUTOE			DO NOT WRITE IN TH	HS SPACE	
US						3. Date Incorporated or Qualified 12/15/1992		
	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				<u>59-3158398</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	+	5 Additional	
City & Stat		City & State					· · · · · · · · · · · · · · · · · · ·	Required
23	(U	<u>├</u> ─┐ ′				Election Campaign Financing Trust Fund Contribution	•	00 May Be
Zip	Country	Zip	Countr	v		This corporation owes or has paid the		ed to Fees
24	25	29	30	,		Personal Properly Tax due June 30.	Yes	□ No
	9, Name and Address of Curre		1001			10. Name and Address of New Register		
HE	NRY, THORNTON M		81	Nam	e			
	5 S. FLAGLER DR.		82	Stree	t Addre	ss (P.O. Box Number is Not Acceptable)		
	JITE 1100			0		but (170, box 14mber 10 that radoptable)		
) WE	EST PALM BEACH FL 33401		83					-
			84	City			85 Z	ip Code
				ļ .			-L	·
11. Pursuant office or	to the provisions of Sections 607.050 realstered agent, or both, in the State	02 and 607,1508, Florida Statut a of Florida, Such change was	les, the abov authorized to	re-name v the co	ed corpo progratio	ration submits this statement for the purpos in's board of directors. I hereby accept the	e of changin appointment	g its registered as registered
agent I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Fi	orida Statute	s.		, asse,	T-Frommision.	
SIGNATURE	Signature, typod or printed name of registered ag							
12.		ID DIRECTORS	13.	ent signati	ne required	t when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS /		ORS IN 12
TITLE	DP STATES	DELETE 1.1			T	ABBITIONS/OFFAINGED TO OFFIGERS	Chang	
NAME	PORTLOCK, ANN B		1.2 NAME				,	· -
STREET ADDRESS	850 W LK OTIS DR		1.3 STREE	1 ADDRESS	3			
CITY-ST-ZIP	WINTER HAVEN FL	12		S1-ZIP				
TITLE	DVP	☐ DELETE	2.1 TITLE				Chang	ge Addition
NAME	HENRY, ANN P		2.2 NAME					
STREET ADDRESS	3028 WASHINGTON RD.	***		I ADDRESS	3			
CITY-\$T-ZIP	WEST PALM BEACH FL			ST-ZIP				
TITLE	DS	DELETE	3.1 THILE				Chang	ge Addition
NAME	MCADAMS, CLARE P		3.2 NAME					
STREET ADDRESS	250 NINTH ST SE		3.3 STREE	i address	6			
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CITY-	ST-ZIP				
TITLE	DT DODTLOCK CAMUEL W	DELETE	4.1 TITLE				L Chang	ge L Addition
NAME	PORTLOCK, SAMUEL W		4. 2 NAME					
STREET ADDRESS	1002 A LK ELBERT DR		4 3 STREE		; j			
CITY-ST-ZIP	WINTER HAVEN FL DS	DELETE	4.4 City-5	ST-ZIP	 			a Tanani
TITLE	PORTLOCK, FRANK D	LI OTTEIF		5.1 TIYLE			☐ Chang	ge 🔲 Addition
NAME	243 9TH ST SE		5.2 NAME		.			
STREET ADDRESS	WINTED WAVEN EL		5.3 STREET		,			
CITY+ST-ZIP TITLE	**************************************			S1-ZIP	+		☐ Chang	e Addition
NAME		El partit	6.1 TITLE 6.2 NAME					P L MUDICION
CTDEET ARABECC				ANNDESS				

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.

CITY-ST-ZIP

1-26-9R

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