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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P92000012108

1. Corporation Name

BISOUS, INC.



Principal Place of Business
CHEVROLET CTR. INC
101 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880
US

Mailing Address
P.O. BOX 3475
WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1992

4. FEI Number

59-3158398

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 S. FLAGLER DR.
SUITE 1100
WEST PALM BEACH FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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 ~~DP~~ ☒ DELETE
NAME ~~PORTLOCK, ANN B~~
STREET ADDRESS ~~850 W LK OTIS DR~~
CITY-ST-ZIP ~~WINTER HAVEN FL~~

TITLE ☐ DELETE
NAME DVP
STREET ADDRESS 3028 WASHINGTON RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ~~DS~~ ☒ DELETE
NAME MCADAMS, CLARE P
STREET ADDRESS 250 NINTH ST SE
CITY-ST-ZIP WINTER HAVEN FL

TITLE ☐ DELETE
NAME DT
STREET ADDRESS PORTLOCK, SAMUEL W
CITY-ST-ZIP 1002 A LK ELBERT DR
WINTER HAVEN FL

TITLE ~~DS~~ ☒ DELETE
NAME PORTLOCK, FRANK D
STREET ADDRESS 243 9TH ST SE
CITY-ST-ZIP WINTER HAVEN FL

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DP
4.3 STREET ADDRESS PORTLOCK, SAMUEL W.
4.4 CITY-ST-ZIP 1002 S. LK. ELBERT DR.
WINTER HAVEN, FL

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 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:

SAMUEL W. PORTLOCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

941-2947371
Daytime Phone #

CR2E034 (11/98)