SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000841 (5)**

1. Corporation Name
BUSINESS OPPORTUNITIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
2600 SPANISH RIVER RD BOCA RATON FL 33432	2600 SPANISH RIVER RD BOCA RATON FL 33432

Please Change To Mailing Address
EF Possible

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1993	3a. Date of Last Report: 04/14/1994
4. FEI Number: 65-0399967	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 4101
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: J	28 City & State: Boca Raton FL
24 Zip / 25 Country	29 Zip: 33429-4101 / 30 Country: Palm Beach

9. Name and Address of Current Registered Agent

TURBEVILLE, WILLIAM J II
HRUSKA & LESSER
21 SE 2ND STREET
BOCA RATON FL 33486

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE		
TITLE	Pres.	11 TITLE	Pres.	☒ Change ☐ Addition
NAME	LIGON, JERRY	12 NAME	Jerry (LIGON) (N/A)	
STREET ADDRESS	2600 SPANISH RIVER RD	13 STREET ADDRESS	P.O. Box 4101	
CITY ST ZIP	BOCA RATON FL 33432	14 CITY ST ZIP	Boca Raton, FL 33429-4101	
TITLE	V.P.	21 TITLE	V. Pres.	☐ Change ☒ Addition
NAME	CYNTHIA (LIGON)	22 NAME	CYNTHIA (LIGON) (N/A)	
STREET ADDRESS	2600 SPANISH River Rd	23 STREET ADDRESS	P.O. Box 4101	
CITY ST ZIP	Boca Raton, FL. 33432	24 CITY ST ZIP	Boca Raton, FL. 33429-4101	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: _____ JUNE 8 1995 305-772-2260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0066656 CP