FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:58

DOCUMENT # **P93000012447 (7)**

1. Corporation Name
BORED W/OUT MY BOARD, INC.

Principal Place of Business	Mailing Address
6376 NORTHWEST 170TH LANE MIAMI FL 33015	6376 NORTHWEST 170TH LANE MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business	2a. Mailing Address
21 6170 NW 173 STREET	26 6170 NW 173 STREET
22 Suite, Apt. #, etc # 402	27 Suite, Apt. #, etc #402
23 City & State Miami FL	28 City & State Miami FL
24 Zip 33015 25 Country DADE	29 Zip 33015 30 Country DADE

4. FEI Number: 65-0398251 ☐ 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

9. Name and Address of Current Registered Agent

VAN DER WALL, ROBERT J
6175 N.W. 153RD STREET
SUITE 225
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) FIRST UNION FINANCIAL CENTER, STE4600
83 200 SOUTH BISCAYNE BOULEVARD
84 City MIAMI FL 85 Zip Code 33131-2310

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: (Registered Agent signature required for agent changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	1 TITLE	☒ Change ☐ Addition
1 NAME	HOSEA, ROBERT A.	1 NAME	
1 STREET ADDRESS	6376 NW 170TH LANE	1 STREET ADDRESS	6170 NW 173 STREET, #402
1 CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	Miami, FL 33015
2 TITLE	STD	2 TITLE	☒ Change ☐ Addition
2 NAME	HOSEA, PATRICIA S.	2 NAME	
2 STREET ADDRESS	6376 NW 170 LANE	2 STREET ADDRESS	6170 NW 173 STREET, #402
2 CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	Miami, FL 33015
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

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 X in Block 13.

SIGNATURE: Robert J. Van der Wall 2-16-95 (305) 824-9994
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — Date — Daytime Phone Number

0094021 CP