FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000012447 (7)**

1. Corporation Name

BORED W/OUT MY BOARD, INC.

Principal Place of Business	Mailing Address
6170 NW 173 STREET SUITE 402 MIAMI FL 33015 US	6170 NW 173 STREET SUITE 402 MIAMI FL 33015 US

3. Date Incorporated or Qualified: **02/12/1993**

3a. Date of Last Report: **03/30/1995**

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 is subject for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2874 SW 183 AVE	26 2874 SW 183 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23 MIRAMAR FL	City, & State 28 MIRAMAR FL
Zip 24 33029 Country 25 US	Zip 29 33029 Country 30 US

9. Name and Address of Current Registered Agent

VAN DER WALL, ROBERT J
FIRST UNION FINANCIAL CENTER, SUITE 4600
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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 Section(s) 607.0502 and/or 617.1502, 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. The name and address of the registered office and the name and address of the registered agent are stated above. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HOSEA, ROBERT A.		12 NAME		
STREET ADDRESS	6170 NW 173 STREET, #402		13 STREET ADDRESS	2874 SW 183 AVE	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	STD	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HOSEA, PATRICIA S.		22 NAME		
STREET ADDRESS	6170 NW 173 STREET, #402		23 STREET ADDRESS	2874 SW 183 AVE	
CITY-ST-ZIP	MIAMI FL		24 CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and accurate, 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 added above.

SIGNATURE: Robert A. Hosea 4-15-96 305-824-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT A. HOSEA

CR2E034 (12/95)