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PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED

99 FEB 18 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012447

1. Corporation Name

BORED W/OUT MY BOARD, INC.

Principal Place of Business	Mailing Address
14728 Breckness Place Miami Lakes, FL 33016 US	14728 Breckness Place Miami Lakes, FL 33016 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 65-0398251 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: XX — $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	2a. Mailing Address
21 14728 Breckness Place	26 14728 Breckness Place
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami Lakes, FL	City & State 28 Miami Lakes, FL
Zip 24 33016 Country 25 US	Zip 29 33016 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 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's signature required when changing agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD [ ] Change [ ] Addition
NAME	Hosea, Robert A.	12 NAME	Hosea, Robert A.
STREET ADDRESS	14728 Breckness Place	13 STREET ADDRESS	14728 Breckness Place
CITY-ST-ZIP	Miami Lakes, FL 33016	14 CITY-ST-ZIP	Miami Lakes, FL 33016
TITLE [ ] DELETE		21 TITLE	[ ] Change [ ] Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
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	

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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: Robert A. Hosea ROBERT A. HOSEA 2/15/99 305-824-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)