SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000025405	(0)
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DOCUMENT # P93000025405 (0) BOZER ENTERPRISES, INC.							 			
Principal Place of Business Mailing Address										
#010 GALT OC #310	ean dr.		4010 GAL #310	.T OCEAN DR.						
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308					308		3. Date Incorporated or Qualified 3a. Date of Last Report			
9 Driesinal Pla	on of Busin	200	2s Madio	a Address		· · · · · · · · · · · · · · · · · · ·	04/01/1993 4. FEI Number	US.	/01/1995	plied For
Principat Place of Business		·	2a. Mailing Address			65-0401262 Not Applicate				
Suite, Apt #	, elc			Apt #, etc.					\$8.75	
		27	27			5. Certificate of Status Desired Fee Required				
City & State			City &	State			6. Election Campaign Financin	g 🗍	\$5.00	,
3		Country	28 Zip		Count	r.,	Trust Fund Contribution 8. This corporation has liability	for intensible	Added t	
Zip 4		25	29		30	y	Florida Stalutes	Yes	No	199 032
<u>'</u>	9. Name			gent	1001		10. Name and Address of Nev	Registered	Agent	
Name and Address of Current Registered Agent COLEMAN, WILLIAM T					8	1 Name				
		illiam i Ral HWY.		82 Street Add		2 Street Add	fress (P.O. Box Number is Not Acce	ptable)	· · · · · · · · · · · · · · · · · · ·	
	TE 407	MAL HIII.								
		ALE FL 33308				3				
		/4E 1 E 00000			8	4 City		P* 1	85 Zip (Code
						e above-named corporation submits this statement for the purpose of changing its r				e periodos and
		the and apparent the ab	digitations of Section	n change was w.coz ôsos. E	agmonzeo b Iorida Statute	v the corporat	tion's board of directors. I hereby ac	cept the appo	into teatr dis re	. g
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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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

GNATURE:

BERNARD LAVIM

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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