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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000025405 (0)

BOZER ENTERPRISES, INC.

FILED

Mar 14 1997 8:00am

Secretary of State

| Principal Place of Business Maiting Address | | | | | | | | II 8841) 88111 88111 | | | | | | |
|---------------------------------------------|------------------------------|--------------------------------------|--------------------------------------|------------------------------------------------|-----------------------------|----------------------------------------------------------------|---------------|--------------------------------------------------|-------------------------------------------------------------------------|----------------|-------------|-------------------|-----------------------------|--|
| 4010 GALT OCEAN DR. | | | | 4010 GALT OCEAN DR. | | | | | | | | | | |
| #310 | | | | #310 | | | | | | | | | | |
| FT. LAUDERDA | ILE FL 33308 | | 1 | FT. LAUDERDALE FL 33 | 308-6509 | | | . 5 | to to presented | as Ounlified | las Dol | of Last R | opert 1 | |
| | | | | | | | | 04 | ate incorporated I/01/1993 | or Qualified | | 7/1996 | · | |
| 2. Principal P | lace of Busin | ness | 26 | e. Mailing Address | | | | | I Number 65-0401262 | | | | oplied For ot Applicable | |
| Suite, Apt. | #. etc. | | | Suite, Apt. #, etc. | | | | · | | | | 4 | Additional | |
| 22 | | | 27 | 27 | | | 5. Ce | 5. Certificate of Status Desired Fee Required | | | | | | |
| City & State | е | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | | | | |
| 23 | | | 28 | 28 | | | | Trust Fund Contribution Added to Fees | | | | | | |
| Zip | | Country | | Z ₍)> | | Country 8. This corporation has liability for intangible tax u | | | | | ax under s | . 199.032, | | |
| 24 | | 25 | 29 | | 30 | | | | Florida Statutes X Yes No 10. Name and Address of New Registered Agent | | | | | |
| | | and Address | of Current Reg | Jisterea Agent | | 81 | Name | | ame and Addres | S DI NEW HE | Bisteleo Y | gent | | |
| | EMAN, WI | | | | | " | INCHIE | • | | | | | | |
| | 0 N. FEDE! Te 407 | KAL HWY. | | | | 82 | Street | Address (P.O. | Box Number is | Not Acceptab | le) | | | |
| | | LE FL 33308 | | | | 83 | | | | ····· | | | | |
| | | | | | | 84 | City | | | | FL | 85 Zip | Code | |
| 44 Pureuant | to the provis | ions of Sections | 607 0502 and | 1607.1508, Florida Sta | tules the a | J above | named | d corporation s | ubmits this state | ment for the p | | L L :hanging i | ts registered | |
| office or r agent. I a | egistered ag m familiar w | jent, or both, in ith, and accept | the State of Flo the obligations | orida. Such change wa of, Section 607,0505, | is authorize Florida Sta | ed by slutes | the cor | rporation's boa | rd of directors. I | hereby accep | ot the appo | intment as | registered | |
| SIGNATURE | | | | | | | | | | | | | | |
| 12. | Signature Typed | or printed name of re | gistered agent and r CERS AND DIR | | IOTE Register | ed Age | ent signaturi | re required when rein | DITIONS/CHANG | ES TO OFFIC | ERS AND | DIRECTOR | S IN 12 | |
| TITLE | D | | ZE NO MINU DIN | DELETE | | IILE | | T | 3111011070117410 | | | Change | Addition | |
| NAME | _ | ERNARD J | | | | NAME | | | | | _ | _ | _ | |
| STREET ADDRESS | | LT OCEAN DI | R., #310 | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | DERDALE FL | | | | CITY - S | | | | | | | | |
| TITLE | | | | DELETE | 2.1 | | | | | | | Change | Addition | |
| NAME | | | | | 2.21 | AME | | | | | | | | |
| STREET ADDRESS | | | | | 2.3 5 | 2.3 STREET ADDRESS | | | | | | | , | |
| CITY-ST-ZIP | | | | | 2.4 | CITY - S | S1 - ZIP | | | | | | | |
| TITLE | | | | DELETE | 3.1 7 | III.E | | | | | | Change | Addilion | |
| NAME | | | | | 3.21 | NAMÊ | | | | | | | | |
| STREET ADDRESS | | | | | 3.3 9 | STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | 3.4. | C(1) Y - 5 | S1-7IP | | | | | | | |
| TITLE | | | | ☐ DELETE | 4.1 1 | TITLE | | | | | [| Change | Addition | |
| NAME | | | | | 4. ? | NAM | | | | | | | | |
| STREET ADDRESS | | | | | 4.3 \$ | STREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | . – | CHY-S | I - ZIP | | | | | | درد بوزندن المسلا | |
| TITLE | | | | ☐ DELET€ | 1 | MLF | | | | | l | Change | Addition | |
| NAME | | | | | 1 | IMAN | | | | | | | | |
| STREET ADDRESS | | | | | - 1 | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | D Dr. 535 | | HY-S | 1 - ZIP | | | | | 1 05 | T cases | |
| TITLE | | | | ☐ DELETE. | 1 | HILE | | | | | l | Change | ☐ Addition | |
| NAME | | | | | - 1 | MAME | | | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | by partify the | at the information | ما الشار المحال المحال المحال | this filing does not au | | 01Y-S | | stated in Section | on 110 07(3)(i) E | lorida Stabilo | e I further | cortify that | the | |

14. I do 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.

OLONIATURE.

ward Low Decard T Law

3-11-97 614971585