FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 7-5-96 B-7015 C

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

DOCUMENT # P93000037272 (0)

1. Corporation Name

THE BOHEMIAN SWINGERS, INC.

Principal Place of Business	Mailing Address
206 8TH AVENUE NORTH ST. PETERSBURG FL 33701 US	P. O. BOX 1004 N/A INDIAN ROCKS BEACH FL 34635 US

3. Date Incorporated or Qualified: 05/21/1993	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3193606	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 H001 OBISPO ST.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA FL	28 City & State
24 Zip: 33629 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SIMMS, TAMI R.
206 8TH AVENUE, NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Ed Rosicky
82 Street Address (P.O. Box Number is Not Acceptable): 11681 81st Avenue N.
83
84 City: Seminole FL 85 Zip Code: 34642

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: [redacted] Ed Rosicky Ed Rosicky 6/30/96
Signature, typed or printed name of registered agent and title, if applicable (Write Registered Agent's name if registered agent is changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	11 TITLE	P	☐ Change ☒ Addition
NAME	POWEL, MICHAEL J.		12 NAME	Ed Rosicky	
STREET ADDRESS	206 8TH AVENUE NORTH		13 STREET ADDRESS	116 81st Avenue N.	
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP	Seminole, FL 34642	
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	WATERBURY, BARNEY		22 NAME		
STREET ADDRESS	139 131ST AVE. EAST		23 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL		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		

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Ed Rosicky Ed Rosicky 6/30/96 (813)391-5554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #