FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 PM 12:04

DOCUMENT # **P93000044516 (1)**

1. Corporation Name
BOSCH COUNSELING, INC.

Principal Place of Business
~~3270 SUNTREE BLVD~~
~~SUITE 109~~
~~MELBOURNE FL 32940~~

Mailing Address
~~P.O. BOX 410716~~
~~MELBOURNE FL 32941-0716~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 2000 GOFF PLACE
Suite, Apt #, etc 22
City & State 23 MELBOURNE FL.
Zip 24 32901 Country 25 USA

2a. Mailing Address
26 2000 GOFF PLACE
Suite, Apt #, etc 27
City & State 28 MELBOURNE FL.
Zip 29 32901 Country 30 USA

4. FEI Number: 59-3186351 — 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

9. Name and Address of Current Registered Agent
BOSCH, LORETTA A
3270 SUNTREE BLVD
SUITE 109
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
81 Name: LORETTA BOSCH
82 Street Address (P.O. Box Number is Not Acceptable): 2000 GOFF PLACE
83
84 City: MELBOURNE FL 85 Zip Code: 32901

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: Loretta Bosch President — 6/10/95
(Signature, Typed or Printed Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOSCH, LORETTA
STREET ADDRESS	P.O. BOX 410716 N/A
CITY ST ZIP	MELBOURNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☑ Change ☐ Addition
12 NAME	LORETTA BOSCH	
13 STREET ADDRESS	2000 GOFF PLACE	
14 CITY ST ZIP	MELBOURNE, FL. 32901	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

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)(k), 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 is on an attachment with an address.

SIGNATURE: LORETTA BOSCH — Loretta Bosch President — 6/10/95 — 407-951-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0420063 FP