

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064667 (7)

1. Corporation Name

BOGS, INC.

Principal Place of Business

Mailing Address

2230 GULFGATE DRIVE
SARASOTA FL 34231

2230 GULFGATE DRIVE
SARASOTA FL 34231



2. Principal Place of Business

2a. Mailing Address

21 874 PINE RIDGE LN
Suite, Apt. #, etc

26 874 PINE RIDGE LN
Suite, Apt. #, etc

22 City & State

27 City & State

23 SARASOTA FL
Zip Country

28 SARASOTA FL
Zip Country

24 34240

25 SARASOTA

29 34240

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KISKA, JOHN P ;
2230 GULFGATE DRIVE
SARASOTA FL 34231

81 Name

JOHN P. KISKA

82 Street Address (P.O. Box Number is Not Acceptable)

874 PINE RIDGE LN

83

84 City

SARASOTA

FL

85 Zip Code

34240

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 type for person or registered agent and the date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KISKA, JOHN P
STREET ADDRESS 874 PINERIDGE LANE
CITY - ST - ZIP SARASOTA FL 34240

TITLE D
NAME ANDERSON, HEIDI M
STREET ADDRESS 5461 CAPITAN AVE
CITY - ST - ZIP SARASOTA FL 34243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JOHN P. KISKA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96 941-378-0337

Daytime Phone #

CR2E034 (3/96)