FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT		Sandra B. Mortham Secretary of State D.VISION OF CORPORATIONS			
	93000070				
MIKE BOLEBRUCH CO	INSTRUCTION, INC	·			
Principal Place of Business	Mailer	ng Address			
3316 SW 11TH COURT CAPE CORAL FL 33914		3316 SW 11TH COURT CAPE CORAL FL 33914			
2. Principal Place of Business	2a. M	2a. Mailing Address			
21	26				



Applied For

Not Applicable

3. Date Incorporated or Qualified 10/12/1993 3a. Date of Last Report 05/12/1995

4. FEI Number 45-0442272

Suite Apt.	Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	e 	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ 24	Country 25 9. Name and Address of Currer	Zφ 29]	Country 30		8. This corporation has liability for intance Florida Statutes	gible tax under si 199.032. No	
	s, Name and Address of Currer	it negistered Agent		r- -	10. Name and Address of New Regis	lered Agent	
BUI COC	SICH EN		81	Name			
BOLEBRUCH, F M 3316 SW 11TH COURT			82	82 Street Address (P.O. Box Number is Not Acceptable)			
CAPE CORAL FL 33914							
		B3	***************************************		——————————————————————————————————————		
			84	C+			
			1 1	City		FL 85 Zip Code	
Pursuant t	to the provisions of Sections 607.0502	and 607,1508, Florida Statu	tes, the above n	named corpor	ration submits this statement for the purpose rd of directors. Thereby accept the appointment		
SIGNATURE	Styreture typed or parted nance of registered apoin	and the fappenine in	OTE Registered Ages		dwww.mostange (MTE.	
lifle	OFFICERS AN!		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
	BOLEBRUCH, F M	☐ DELETE	1 1 TITLE			Change Addition	
AME	3316 SW 11TH COURT		T 2 NAME				
TREET ADDRESS			1.3 STREE4	ADORESS			
TY-ST-ZIP	CAPE CORAL FL 33914		1.4 CiTY-\$1	T-ZIP			
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TY-ST-ZIP	CAPE CORAL FL 33914		240IIY-\$1	- ZIP			
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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 it 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 for on an attachment with an address.

SIGNATURE: 43/11/11/11/11/15 SIGNATURE: 43/11/11/11/11/11/11/15 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-35-94 (11-267-4700)