## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



FCORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P93000075819 (1)

## **BOTSKOR TRADE INCORPORATED**

**Principal Place of Business** Mailing Address 2340 PERIWINKLE WAY 2340 PERIWINKLE WAY SULE 1-3 SUITE J-3 DO NOT WRITE IN THIS SPACE SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957 3. Date Incorporated or Qualified 11/02/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0500026 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year lotangible Personal Property Tax due June 30. Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RATLIFF, ROBERT L III 2340 PERIWINKLE WAY Street Address (P.O. Box Number is Not Acceptable) SUITE J-3 83 SANIBEL ISLAND FL 33957 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed traine of registered agent and lifted applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1 1 TITLE Change Addition RATLIFF, ROBERT L III NAME 1.2 NAME STREET ADDRESS 2430 PERIWNIKLE WAY SUITE J-3 1 3 STREET ADDRESS SANIBEL ISLAND FL 33957 City-St-ZiP 1 4 CITY-ST-ZIP DELETE TITLE 2 1 TITLE Channe Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP

14. I 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 officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachment with an address

3 1 TITLE

3.2 NAME

41 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME

6 " TITLE

62 NAME

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5 4 CITY - ST - ZIP

4 4 CITY - ST - ZIP

3 4 City-St-ZiP

DELETE

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

395-1300

Change

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Change

Addition

Addition

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Addition

**FILED** 

Mar 19 1998 8:00am

Secretary of State