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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300008 BOAD RUNNER TRAVEL RESORT, INC.

HOAD HOWINGH HAVEE NEGOTH, INC.								
Principal Place of Business	Mailing Address							

FILED Feb 02 1998 8:00am Secretary of State



	5500 ST. LUCIE BLVD. 5500 ST. LUCIE BLVD. FORT PIERCE FL 34946		DO NOT WRITE (NI YEHI GERREE						
							3. Date Incorporated or Qualified 12/10/1993	N INIO SPACE	<u>(_ , _ lasten 15 priori</u>	
2. Principal P	cipal Place of Business 2a. Mailing Address			4. FEI Number		Applied For	-			
21	26			65-0498708	<u> </u>	Not Applicabl	ie.			
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.		. ,	5. Certificate of Status Desired	\$8.75 Additional					
22			City & State			The state of the s				
23	28		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zip.	Zip Country			8. This corporation owes or has paid the current year intangible			
24	2		29				Personal Property Tax due June 30. Yes No			
			Current Registered	Agent			10. Name and Address of New Regi	stered Agent	چۇقىيەتە دە بىلىنى دۇ.	ᄣ
I	IIX, MARILYN				81	Name				
	XO ST. LUCIE				82	Street Add	fress (P.O. Box Number is Not Acceptable	:)	4	-
Į FI.	PIERCE FL	34946			_			هو دو خاصيت	<u>由人。如何是是是</u>	
					83	3				1
					84	City		F) 85 Z	ip Cade	-
11. Pursuant t	to the provision	ns of Sections 60	7,0502 and 607.15	08, Florida Statu	tes, the above	re-named cor	poration submits this statement for the pulation's board of directors. I hereby accept		g its registered	1
	m familiar with.	and accept the	obligations of, Sec	tion 607.0505, FI	orida Statute	s.	and it's board of directors. Thereby accept	пе арропалел	as registered	
SIGNATURE .	Signature, typed or	printed name of registe	ered agent and title if appli	cable. (NO	TE: Registered Ac	ent algnature requ	ired when reinstating)	DATE	Thomas -	. _
12.			S AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12	
TITLE	DVI			☐ DELETE	1.1 TITLE			Chang	je 🔲 Additior	.∏.£
NAME	MINIX, MA	RILYN J			1,2 NAME					2
STREET ADDRESS	5500 ST. i	LUCIE BLVD.			1.3 STREE	T ADDRESS				18
CITY-ST-ZIP	FT. PIERC	E FL			1,4 CITY-	ST-ZIP				្ត្រី
TITLE	DP			☐ DELETE	- 2,1 TITLE	<u> </u>		Chang	ge 🔲 Addition	ع ان
NAME !	MINIX, JAI	VIES I			2,2 NAME	i				
STREET ADORESS	5500 ST. i	LUCIE BLVD.			2.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT. PIERC	E FL			2.4 CITY-			•		
TITLE	<u> </u>		······································	DELETE	3.1 TITLE		2	Chang	e	ı
NAME	FOWLER,	THERESA			3,2 NAME					
STREET ADDRESS	5500 ST. I	LUÇIE BLVD			3.3 STREE	T ADDRESS				İ
CITY-ST-ZIP	FORT PIER	RCE FL			3.4, CITY-)]
TITLE				DELETE	4.1 TITLE			Chang	e Addition	ī
NAME					4. 2 NAME	Ì				1
STREET ADDRESS						ADDRESS	•			
CITY-ST-ZIP					4.4 CITY-1	Ì				
TITLE				DELETE	5.1 TITLE	× 4"		Chang	e Addition	1
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREET	ADDRESS				1
!					5.4 C(TY - 5					
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE	N-AL	the second secon	Chano	e 🔲 Addition	-
NAME				_ 000012	6.2 NAME			3,111,19		`
						LIDDOCCO				
STREET ADDRESS					6.3 STREET					
CITY-ST-ZIP	artify that the in	formation suppl	ind with this filing of	oes not qualify to	6.4 CITY-S		Section 119.07(3)(i), Florida Statutes. I fur	ther certify that t	he information	=
indicated of	on this annual i	report or suppler	nental annual repoi	rt is true and acc	urate and th	at my signatu	re shall have the same legal effect as if muired by Chapter 607. Florida Statutes: an	ade under oath;	that I am an	-