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

Mailing Addross

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022748 (5)

THE BULMER CORPORATION

BULMER, WILLIAM

BOCA RATON FL

6896 BIACHINI WAY

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-S1-7IP

Thirtipe Fides of business Walling Address						.
BOCA RATON FL 33433 B			6896 BIANCHINI WAY BOCA RATON FL 33433 US			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						03/21/1994
2. Principal Place of Business 2a. Mailing Ad			2a. Mailing Address			4. FEI Number Applied For
21			16			65-0477415 Not Applicable
Suite, Apl. #, etc.			Suite, Apt #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24	p Country Zip Co			Coun	iry	8. This corporation owes or has paid the current year Inlangible Personal Property Tax due June 30. Yes No
	g, Name	and Address of Current	Registered Agent	1.1		10. Name and Address of New Registered Agent
BULMER, WILLIAM					1 Name	ne .
				-	82 Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433				-	Jan Street	sec Address (1.0. box Number is Not Acceptable)
2007/11/07/2 00/00				Ī	3	
				•	14 City	FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
-10					Agent signatur	ature required when reinslating) DATE ADDITION COLLANDED TO DESIDE BY AND DIRECTORS
12.				13.	,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
mre	l PD	Detete1.1		1.1 TO L	†	Change Addition

1.2 NAME

21 TITLE

2.2 NAME

3 1 TITLE

DELFTE

DELETE

1.3 STREET ADDRESS

2 3 STREET ADDRESS

2. 4 CITY - ST - ZIP

1.4 CITY - ST - ZIP

NAME 3.2 NAME STREE! ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 C(TY - ST - Z)P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 trinual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 of chapter 607.

SIGNATURE:

WILLIAM C. BULLER

16/98

FILED

Apr 22 1998 8:00am

Secretary of State

954 7720600 Daytime Phone # 0330478

Change

Change

Addition

Addition