

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

202-46-1417 C

DOCUMENT # P94000030578 (6)

1. Corporation Name

BOMARI ENTERPRISES, INC.



Principal Place of Business

4976 SE MARINER VILLAGE LN
STUART FL 34997

Mailing Address

4976 SE MARINER VILLAGE LN
STUART FL 34997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MARSHALL, ROBERT F
4976 SE MARINER VILLAGE LN
STUART FL 34997

3. Date Incorporated or Qualified

04/19/1994

3a. Date of Last Report

02/02/1995

4. FEI Number

65-0492530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 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

Signature required for each officer or director and for the registered agent.

Signature of Registered Agent required after re-statuting.

Date

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME
1.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
1.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

2.1 TITLE
NAME
2.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
2.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

3.1 TITLE
NAME
3.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
3.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

4.1 TITLE
NAME
4.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
4.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

5.1 TITLE
NAME
5.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
5.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6.1 TITLE
NAME
6.2 NAME
STREET ADDRESS
CITY-STATE-ZIP
6.3 STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT F. MARSHALL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

2/16/96 407 288 3921

CR2E034 (12/95)