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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 11 1998 8:00am Secretary of State

Ì	199	1998 DIVISION OF CORPORATIONS							Secretary of State				
DOCUMENT # P9400051995 (6) BOXES PLUS, INC.													
Princi	pal Place of B	lusiness		Mailin	g Address					-			
3300 MUSTANG DR. 3300 MUSTANG DRIVE													
Broo	OKSVILLE FL S	BROOKSVILLE FL 34609 US						DO NOT WRITE IN THIS SPACE					
									3. Date Incorporated or Qualified 07/11/1994				
<b>2.</b> Pri	incipal Place o	2s. Mailing Address						4. FEI Number		[A]	oplied For		
21				26	Suite Apt W, etc.					59-3288679		·	ot Applicable
22	Suite, Apt. #, etc.				Suite, Apr. W, etc.					5. Certificate of Status Desired			Additional equired
Cit	City & State				City & State				6. Election Campaign Financing			May Be	
23 Zig			Country	28 7 <sub>1</sub> g		<u>-</u> -	Country	,		Trust Fund Contribution  8. This corporation owes or has	noid the e		to Fees
24	_	25	Court, y	29	.•		30			Personal Property Tax due Jui			No
			Address of Current	Registers	d Agent					10. Name and Address of New F	legistere	d Agent	
		RT, DAVID					81	Nam	e 				
3300 MUSTANG DRIVE BROOKSVILLE FL 34609						82	Stree	t Addre	ess (P.O. Box Number is Not Accept	able)			
BIOGRAFIEL 16 01000								<u> </u>					
							84	City	···		F	<b>85</b> Zip	Code
11. P	ursuant to the	provisions	of Sections 607.0502	and 607.	1508, Florid	a Statute	s, the above	l e-name	d corpo	oration submits this statement for the	DUIDOSA	of changing i	ls registered
o a	ffice or registe gent. I am fan	ered agent. nihar with, a	or both, in the State indirection accept the obligation accept the obligation and accept the obligation are stated as the control of the cont	of Florida. : tions of, Se	Such chang ection 607 (	ge was a )505, Flo	uthorized by rida Statute	y the co s	prporation	on's board of directors. I hereby acc	ept the ap	opointment as	registered
SIGN	ATURE	re bred or pol	thid name of registered ager	st and blind an	oweshlo	(NOTE	Registered Age	ant Signati	vo reduire	d when reinstating)	DATE		
12.								13.		ADDITIONS/CHANGES TO OFF		ND DIRECTOR	RS IN 12
TITLE	P				DEI	LETE	1 1 TITLE					Change	Addition
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l	ADDRESS						2.3 STREET		·				
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TITLE					DEL	ETE	6.1 TITLE					Change	Addition
NAME	ADDRESS						6.2 NAME 6.3 STREET	ADDOLOG	,				ļ
CITY-SI	l l						6.3 SINEE		'				
		that the info	ormation supplied wit	th this filing	does not o	juality to			ted in S	Section 119.07(3)(i), Florida Statutes	! further o	certify that the	information

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in