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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400056931 (6)

FILED Feb 18 1998 8:00am Secretary of State

BOGAR	IT PROGRAMMING ENTERP	PRISES, INC.							
Principal Place of Business Mailing Address 10505-30TH AVENUE EAST 10505-30TH AVENUE EAST							1	014) 01114 01119 10 1	90 (((8) ((4) (6))
PALMETTO FL 34221 PALMETTO FL 34221 US US							DO NOT WRITE IN	THIS SPACE	
Uð		US .					3. Date Incorporated or Qualified		
							08/01/1994		
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number		Applied For
21		26					94-3243291	-	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.	75 Additional
22		27					5. Certificate of Status Desired	Fe	e Required
City & State	9	City & State					6. Election Campaign Financing	\$5.	.00 May Be
23		28					Trust Fund Contribution		ded to Fees
Zip	Country	Zip	Cou	intry			8. This corporation owes or has paid to		
24	25	29	30				Personal Property Tax due June 30		☐ No
	9. Name and Address of Curren	t Registered Agent		L.,			10. Name and Address of New Regis	tered Agent	
JEN	ININGS, THOMAS C III			81	Name	,			
703 COURT ST				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
CH	FARWATER EL BARAR-SEGT								
NE	W ZIP CODE:	33756-55	01	83					
1.4				84	City			85	Zip Code
					-			FL I	•
11. Pursuant office or recent Le	to the provisions of Sections 607.050 egistered agent, or both, in the State on femiliar with, and accept the obligations.	2 and 607.1508, Florida Stat of Florida. Such change was attons of Section 607.0505.	utes, the a s authorize Florida Sta	bove d by	the co	d corpo rporatio	ration submits this statement for the purp n's board of directors. I hereby accept the	oose of changi he appointmen	ng its registered it as registered
	mina with and accept the oonge	(10/15 OI, GOOLIGIT GOT.GOOG, 1	i iorida ota	(dico					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N	OTE Registere	d Age	nt signatu	re required	when reinstating)	DATE	
12.	OFFICERS AND	D DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICER		
TITLE	PSTD			1.1 TITLE				☐ Cha	nge 🔲 Addition
NAME	PIERCE, VALERIE		1.2 N	1.2 NAME					
STREET ADDRESS	10505-30TH AVENUE EAST		1.3 S	TREET.	address				
CITY-ST-ZIP	PALMETTO FL	1.4		1.4 CITY - ST - ZiP					
TITLE		☐ DELET E	2.1 T	2.1 TITLE				☐ Cha	nge 🔲 Addition
NAME			2.2 NAJ		2.2 NAME				
STREET ADDRESS			2.3 S	TREET.	address				
CITY-ST-ZIP					2. 4 CITY-ST-ZIP				
TITLE		DELETE	3.1 T	TLE				☐ Cha	nge 🔲 Addition
NAME			3.2 N	AME		1			
STREET ADDRESS			3.3 S	TREET.	ADDRESS				
CITY-ST-ZIP				ITY-S	T-ZIP				
TITLE	-	☐ DELETE	4,1 T	TLE				☐ Cha	nge 🔲 Addition
NAME			4.21	AME		i			
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 C	ITY-S1	T-ZIP	<u> </u>			
TITLE		☐ DELETÉ	5.1 T	TLE			· 	☐ Cha	nge 🔲 Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	ITY-SI	T- ZIP				
TITLE		DELETE	6.1 TI	TLE				☐ Cha	nge 🔲 Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY-ST		1			
14. I hereby o	ertify that the information supplied w	th this filing does not qualify				ted in S	ection 119.07(3)(i), Florida Statutes. I furt	ther certify tha	the information

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 trueties ampowered 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. \M (41) (4)

MY. Ma GF

941.777 MGGL