FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000060499 (8)

1. Corporation Name
BOURBON STREET BOXERS, INC.

Principal Place of Business
1601 EAST 7TH AVENUE
TAMPA FL 33605

Mailing Address
1601 EAST 7TH AVENUE
TAMPA FL 33605

3. Date Incorporated or Qualified: 08/16/1994
3a. Date of Last Report: 08/03/1995
4. FEI Number: 59-3262810 — ☐ Applied For ☑ Not Applicable

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GELLER, ROBERT B
3520 S. MACDILL AVENUE
TAMPA FL 33629

10. Name and Address of New Registered Agent
81 Name: Robert B Geller
82 Street Address (P.O. Box Number is Not Acceptable): 209 S. Habana Ave
83
84 City: Tampa FL 85 Zip Code 33609

11. Pursuant to the provisions of Section 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] Robert B. Geller 4/9/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	GELLER, ROBERT B	
STREET ADDRESS	3520 SO. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	STD	☒ DELETE
NAME	GIBALDI, VINNIE	
STREET ADDRESS	3520 SO. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	☑ Change address ☐ Addition
1.2 NAME	209 S. Habana Ave	
1.3 STREET ADDRESS	Tampa FL 33609	
1.4 CITY-ST-ZIP	Robert B. Geller	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: [signature] Robert B. Geller 4/9/96 813 247-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)