

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000074927 (2)**

1. Corporation Name

THE BOTTNER CORP.



Principal Place of Business

Mailing Address

**1515 S RICHARD AVE
TAMPA FL 33629**

**1515 S RICHARD AVE
TAMPA FL 33629**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5205 S. JULES VERNE CT		26 5205 S. JULES VERNE CT.		10/07/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3272559	
City & State		City & State		Applied For	
23 TAMPA FL		28 TAMPA FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33611		29 33611		☐ \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOTTNER, ANDREW
1515 S RICHARD AVE
TAMPA FL 33629**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5205 S. JULES VERNE CT.
83
84 City
TAMPA
85 Zip Code
FL 33611

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BOTTNER, HAROLD	1.2 NAME	
STREET ADDRESS	953 W BOSTON POST RD 2H	1.3 STREET ADDRESS	14 INDIAN HILL RD.
CITY-ST-ZIP	MAMARONECK	1.4 CITY-ST-ZIP	NEW ROCHELLE, NY 10804
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	BOTTNER, ANDREW	2.2 NAME	
STREET ADDRESS	1515 S RICHARD AVE	2.3 STREET ADDRESS	5205 S. JULES VERNE CT.
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	TAMPA, FL 33611
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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]

2/11/98

(813) 877-3955

CR2E034 (10/97)