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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

្**Katheri**ne Harrin

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400084908 1. Corporation Name Borer Enterprises, ZNE. FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90033 044 \*\*\*150.00

Principal Plac	e of Business	Mailing Address								
8520 4th Street North										
8520 4th Street North St. Petersburg, FL 33702						DO NOT WRITE IN THIS SPACE				
	94. 10,ct 920	0'				3. Date Incorporated or Qualifed				]
·						11-21-94				
_ ^ .	Place of Business	2a. Mailing Address	<u> </u>			4. FEI Number		<u> </u>	Applied For	]
21 Sam	ne As Hbove	26 Jame (	<i>'</i> ''	rpove	<u> </u>	59-3279582		, N	lot Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired			Additional	i
22		27				C, Commons of Status Bosinso		Fee F	Required	1
City & State						6. Election Campaign Financing		\$5.00 May Be		
23		28	رين م السالة المالية		**************************************	Trust Fund Contribution			to Fees	
├-¬ <sup>-</sup> "	Country	Zip		intry		8. This corporation owes the curre	ent year Inta		□No	
24	9. Name and Address of Current	Pagistared Agent	30	1		Personal Property Tax.  10. Name and Address of New R	enistered a	∐ Yes	الان	1
		Registered Agent		81 Na	me	IV. Name and Address of New N	egistere <u>u /</u>	-gent		ł
Dav	is, raul C									
One Harbour Place				82 Street Address (P.O. Box Number is Not Acceptable)						1
TC	th Floor mpa, FL 3360			83	_					
++++	th 41001 3360	2								
Ta	mpa, the source	0		84 Cit	у		FL	85 Zip	Code	ŀ
	to the provisions of Sections 607.0502						purpose of			1
	registered agent, or both, in the State of im familiar with, and accept the obligation				orporation	n's board of directors. I hereby accep	t the appoir	ntment as r	egistered	Ì
_	and described with and described songuite	, , , , , , , , , , , , , , , , , , ,	101144 0141							1
SIGNATURE	Signature, typed or printed name of registered agent a	ond title if applicable (NO	TE: Bonstorn	1 Acont eigns	turn annuinnel	when reinstating)	DATE		<del></del>	J
	3	ina dae ii appiloabio. (110	IE. Negistator	i vAcur adue	rare redoliso i	when reinstaury)				6
12.	OFFICERS AND	DIRECTORS	13.	Typen ague	tare required s	ADDITIONS/CHANGES TO OFF		D DIRECT		(86/
	OFFICERS AND	DIRECTORS			ture required s	<u>-</u>		D DIRECT		(11/98)
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4. 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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 15, 1999 737-577-77