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

Mailing Address

P O BOX 951 **ENGLEWOOD FL 34295**

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500004696 (7)

BFLN. INC.

Principal Place of Business

2773 N BEACH RD

UNIT 202

DO NOT WRITE IN THIS SPACE ENGLEWOOD FL 34223 3. Date Incorporated or Qualified 01/19/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 65-0547307 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zic Country 8. This corporation owes or has paid the current year intangible Yes Personal Property Tax due June 30. □No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 BOVA, JETTA L 2773 N BEACH RD 82 Street Address (P.O. Box Number is Not Acceptable) **UNIT 202** 83 **ENGLEWOOD FL 34223** 84 City Zip Code 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 hame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE NEHIL, LYNFORD 1 2 NAME NAME 2727 N. BEACH ROAD UNIT 214 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL 1.4 CiTY-ST-ZIP DELETE 2.1 TITLE ☐ Change Addition NAME **BOVA. JETTA** 2.2 NAME 2773 NORTH BEACH ROAD STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP **ENGLEWOOD FL** 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE

6.4 CITY-ST-ZIP 14. Thereby 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME **6.3 STREET ADDRESS**

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Addition

☐ Addition

FILED

Mar 18 1998 8:00am

Secretary of State