

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005895 (4)

1. Corporation Name

BOUNCE-A-BOUT, INC.



Principal Place of Business

9325 NORTHWEST 46TH STREET
SUNRISE FL 33351

Mailing Address

9325 NORTHWEST 46TH STREET
SUNRISE FL 33351

2. Principal Place of Business

2a. Mailing Address

21 5596 NW 57 way

26 5596 NW 57 way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Coral Springs FL

28 Coral Springs FL

Zip

Country

Zip

Country

24 33067

25 US

29 33067

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/24/1995

3a. Date of Last Report

Initial Filing

4. FEI Number

05-0550337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5596 NW 57 way

83

84 City

Coral Springs

FL

85 Zip Code

33067

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

Rhonda Johnston Vice Pres

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

(NOTE: Registered agent signature required when reinstating)

DATE

4-23-96

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSTON, MICHAEL
STREET ADDRESS 9325 NW 46TH STREET
CITY-ST-ZIP SUNRISE FL 33351

TITLE VSTD ☐ DELETE

NAME JOHNSTON, RHONDA D
STREET ADDRESS 9325 NW 46TH STREET
CITY-ST-ZIP SUNRISE FL 33351

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate; that I am an officer or director of the corporation or the receiver or trustee empowers in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE:

Rhonda Johnston Vice Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

Date

Daytime Phone #

4-23-96 (954) 796-2454

CR2E034 (12/95)