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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012278 (4)

Mailing Address

BOFUS MARKETING ASSOCIATES, INC

166 ULYSSES TR. PALM COAST FL 32164 US				P.O. BOX 189 Flgler Beach Fl 32136-0189 US												
										 Date Incorporate 02/13/1995 				of Last Report		
2. Principal Place of Business					2a. Mailing Address					4. FEI Number					olied For	
21				26						59-3300226			Not Applicable			
Suite, Apl. #, etc.				Suite, Apt #, etc.						5. Certificate of Stat	us Desired		\$8.75 Additional Fee Required			
City & State				City & State						6. Election Campaign Financing \$5.00 May Bo						
23				28						Trust Fund Contr					Fees	
Zip	Country			Z	Zip Cour					B. This corporation	has liability for it	ntangible	tax unc	ler s.	199.032,	
24	25			29 30										No		
9, Name and Address of Current Registered Agent										0, Name and Addr	ess of New Re	stered/	Agðnt			
JONES, CAROLINE D					81 Name			9								
166 ULYSSES TR.							82	Street	l Address	(P.O. Box Number i	s Not Acceptab	le)				
PALM COAST FL 32138							83							·		
							83								ļ	
							84	City				FI	85	Zip C	ode	
11. Pursuant i	to the provisi egistered ag	ons of Section ent, or both, in	s 607.0502 a the State of the obligation	nd 607 Florida	.1508, Florida Sta . Such change wa Section 607,0505	tutes, the assertions authorize	Ll. above ad by	e-named the cor	d corporat	tion submits this stat s board of directors.	ement for the p I hereby accep	urpose of t the app	changi cintmer	ng its nt as r	registered egistered	
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 607.0506, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when religiating) DATE																
12.	Signature, typed		CERS AND D			IOTE Rogister 13.		nt signatur	re required wit	hen reinstating) ADDITIONS/CHAN	ICEC TO OFFIC	DATE DATE	DIDEC	TODO		
TITLE	PTSD		Of the Miles		DITTE	1,41		F1-0 15	···r	ADDITIONS/CHAR	IGES TO OFFIC		Cha		Addition	
NAME		AROLINE D				121	JAMA					•				
STREET ADDRESS 2631 S. DAYTONA AVE, P.O. B				X 189		131	STREET	22 49004	160	a Wlusses	(R.					
CITY-ST-ZIP FLGLER BEACH FL 32136								1.3 STREET ADDRESS 14 1.4 CITY-ST-7IP Pa 2.3 TOLE 2.2 NAME		m Coast F	1. 201	1.1				
TITLE	VD				DELETE	2.5	MIF	·	1 1000	II COUST	JA.	<i>V</i>	☐ Cha	nge	Addition	
NAME	JONES, J	AMES				2.21	NAME							-		
STREET ADDRESS				X 189	189 2.3 5			ADDRESS	166	Uluses T	e e				}	
CITY-ST-ZIP FLGLER BEACH FL 32136						2.4	CITY - S	31-7IP	Pal	Ulyoses Ti m Coast	FL 32	164				
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NAME						3.21	NAME									
STREET ADDRESS						3.9	STREET	ADDRESS	1]	
CITY-ST-ZIP						3.4	СПҮ-9	i1 - ZIP								
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NAME						5.21	NAME									
STREET ADDRESS						5.3	STREET	ADDRESS								
CITY-ST-ZIP						5.4	CITY - S	1 - 21P								
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NAME						6.2	NAME								İ	
STREET ADDRESS						G.B STREET ADDRE										
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14. I do 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 logal 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.

3/2/197

914-437-7908

FILED

May 09 1997 8:00am

Secretary of State