SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000056106	(4)
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BOSKO SERVICE & TRADING, INC.

Mailing Address Principal Place of Business 28100 US 19 N SUITE 502 28100 US 19 N SUITE 502 CLEARWATER FL 34621 **CLEARWATER FL 34621** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State Flection Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Zio Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name RAMON CARRION PA 28100 US 19 N SUITE 502 Street Address (PO. Box Number is Not Acceptable) CLEARWATER FL 34621 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 0.30 Signature ityped or protect cases of registered agent and block applicable (NEXTE: Respective of Agents separative required which reinstainer). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) OFFICERS AND DIRECTORS 13. 12. Addition DELETE PRESIDENT 1.1 TO E TITLE E034 HICHAEL K. 5535 BAKS. 1.2 NAME NAMÉ 1.3 STREET ADDRESS STREET ADDRESS 346 GQ SEMILLXXE 1.4 CHY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2111116 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY-ST-7IP CITY-ST-ZIP Change Addition DELETE 41 THLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addit-on DELETE 5 1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 C-TY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY -ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 its if made under oath, that I am an officer or director of the proporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if chapter of on an attachment will appendic section.

SIGNATURE: __

CITY - ST - ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIG