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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000071754 1. Corpc ration Name

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90032 001 ***150.00

BOVIS FLORIDA, INC.						
					.))	HILL BURE 1881
Principal Plac	e of Business	Mailing Address			***************************************	
460 E. ALTAMONTE DRIVE. SUITE 3000 460 E. ALTAMONTE DRIVE. S						
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32			32701	DO NOT WRITE IN TH	IS SPACE	
]				3. Date Incorporated or Qualifed		
				09/18/1995		İ
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ato	lied For
21		26		59-3340286	Nct	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 //	ditional
22		27		5. Certificate of Status Desired	Fee Req	uìred
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 A	Лау Ве
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		- 7
24	25		30	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	a Agent	
SHUGHART, JOHN A JR.			or Name			
604 COURTLAND STREET, SUITE 320			82 Street Add	lress (P.O. Bo:: Number is Not Acceptable)		
ľ	ANDO FL 32804-1344		83			
}						
			84 City		85 Zip C	ode
11 Dureuent	to the provisions of Sections 607 0503	and 607 1508 Florida Statute	es the above-named or r	poration submits this statement for the purpose		egistered
office crr	egistered agent, or borh, in the State c	f Florida. Such change was at	uthorized by the corporati	ion's board of directors. I hereby accept the app	ointment as reg	stered
•	m familiar with, and accept the obligati	ons of, Section 607.0505, Fibr	ida Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI:	Registered Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITICINS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	P	DELETE	11 TITLE	Secretary	Change	Addition
NAME	Hummel, H. Eugene	• •	1.2 NAME	Tammy Garcia		
STREET ADDRES S	460 EAST ALTAMONTE DRIVE,	SUITE 3000	1.3 STREET ADDRESS	80 S.W. 8th Street, Suite	120	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	Miami, FL 33130		
TITLE	VP	X DELETE	2.1 TITLE		Change	☐ Addition
NAME	BATCHELOR, KENNETH H.		2.2 NAME			
STREET ADDRESS	460 EAST ALTAMONTE DRIVE,	SUITE 3000	2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2 4 CITY-ST-ZIP		- 	
TITLE	VP	☐ DELETE	3.1 TITLE P		Change	Addition
NAME	PENNINGTON, TODD C.	CLUTE ARAB	32 NAME T	odd C. Pennington O S.W. 8th Street, Suite	120	
STREET ADORES.	460 EAST ALTAMONTE DRIVE,	SUITE 3000	I M	iami, Florida 33130	J. 4.U	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	- ₩Î DELETE		lami, riorida 33130	Change.	[7] Addition
TITLE	DOMANIAIO IACOURUME A	DELETE	4.1 TITLE		☐ Change	Addition
NAME	DOWNING, JACQUELINE A.	CUITE 2000	4. 2 NAME			
STREET ADDRESS	460 EAST ALTAMONTE DRIVE, ALTAMONTE SPRINGS FL	3011E 3000	4.3 STREET ADDRESS			
CITY-ST-ZIP	SD SD	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
NAME	COCHRANE, LUTHER P.	_ 500.,0	52 NAME			
STREET ADDRESS	200 PARK AVENUE		5 3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP			
TITLE	***************************************	☐ DELETE	6.1 TITLE		Change	[] Addition
NAME		- -	6.2 NAME		_ ~	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	/ 1	/)	6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with it is filing toes not qualify for the exemption stated in Saction 119.07(3)(i), Florida Statutes. I further cert fy that the information indicated on this annual report or suppliemental actual 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, \$\rightarrow\$ on an extension of the receiver of the corporation o

NING OFFICER OF DIRECTOR

SIGNATURE:

4-26-99

305-373-8006