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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000080779 (8)

ARTHU	R J. BOULIA & ASSOCIATE	ES INC.			
Principal Plac	e of Business	Mailing Address		3 YOOMINGO) ISON EBIDI BANIL BANIL OBULL OBULL BANIAL SONIA BANIL SONIE	
404 LENNOX ROAD WEST 404 LENNOX ROAD WEST PALM HARBOR FL 34683 PALM HARBOR FL 34683				DO NOT WEITE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				10/20/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied	
21		26		<b>59-3345254</b> Not App	
Suite, Apt.	W, OIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired 58.75 Additio	
City & Stat	6	City & State		6. Election Campaign Financing \$5.00 May 6	
23		28		Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Currer	129	[30]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
₽Ĥ	ULIA, ARTHUR J	· · · · · · · · · · · · · · · · · · ·	81 Name	10t Saute and Henraes of their Hollerman Libert	
	LENNOX ROAD WEST		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	LM HARBOR FL 34683			uress (F.C. Box Number is Not Acceptable)	
•			83		
•			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1509 Florida Statu	tee the above remed co		
office of r	registered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as register	
SIGNATURE	im lamiliar with, and accept the oblig.	anons or, section 607.0305, Pr	orida Statutas.		
	Signature, typed or printed name of registered apo		E Registered Agent signature requ		
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME	D Boulia, arthur J		1.1 TITLE 1.2 NAME		
STREET ADDRESS	404 LENNOX ROAD WEST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY+ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	Change A	
NAME	BOULIA, GERALDINE D		2.2 NAME		
STREET ADDRESS	404 LENNOX ROAD WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PALM HARBOR FL 34683	☐ DELETE	2 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ A	
NAME		_ occir	3.2 NAME	_ Gradige	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change A	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	,	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change A	
NAME		- Dereve	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ A	
NAME (			6.2 NAME		

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

arthin & Barly

Pather J. A

Boulia

4/17/84

813-942-4764

**FILED** 

May 01 1998 8:00am

Secretary of State

R2E034 (10/97)