

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90097 047 ***150.00

DOCUMENT # P95000093395

1. Corporation Name
BOQUET INDUSTRIES, INC.



Principal Place of Business

300 SE 5TH AVE
4160
BOCA RATON FL 33432
US

Mailing Address

300 SE 5TH AVE
4160
BOCA RATON FL 33432
US

In change

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1995

4. FEI Number

65-0645982

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 610 INDIAN HARBOR RO.
Suite, Apt. #, etc.

2a. Mailing Address

26 610 INDIAN HARBOR RO.
Suite, Apt. #, etc.

22 City & State

23 Vero Beach, FL.

27 City & State

28 Vero Beach, FL.

24 Zip

25 U.S.A.

29 Zip

30 U.S.A.

9. Name and Address of Current Registered Agent

FREY, V. NEAL
2263 N.W. 2ND AVENUE
SUITE 110
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

Ruth N. Frey

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

610 INDIAN HARBOR RO.

83

84 City

Vero Beach

FL

85 Zip Code

32963

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 X *Ruth N. Frey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-99

12. OFFICERS AND DIRECTORS

TITLE P
NAME FREY, V. NEAL
STREET ADDRESS 300 SE 5 AVE #4160
CITY-ST-ZIP BOCA RATON FL 33432

☐ DELETE

TITLE V
NAME FREY, RUTH N.
STREET ADDRESS 300 SE 5 AVE #4160
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE: X

Ruth N. Frey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-99-561-234-246

CR2E034 (11/98)