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

DOCUMENT # P96000029592 1. Corporation Name

DANIEL BOJE CARRENTRY INC

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90141 026 ***150.00

DAINEL	POJE CARPENTAT, INC.					 	C COMPANY AND		
Principal Place	- of Dusin-na	Mailing Address				<u>-</u>	, HAND HAND RAN	E KEKKE IKAN IEEK	
		Mailing Address							1
3359 SAPPHIRE LANTANA FL 3		3359 Sapphire RD Lantana Fl. 33462				DO NOT WRITE IN THIS	SPACE		
						3. Date incorporated or Qualifed	017102		ļ
						03/29/1996			
2. Principal P.	lace of Business	2a. Mailing Address				4. FEI Number	I A	pplied For	1
21		26				65-0652099		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional	į
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State		City & State				6. Election Campaign Financing		May Be	
23		Zip Country				Trust Fund Contribution		to Fees	ĺ
Zip	Country	Zip	_	ountry		8. This corporation owes the current year In	tangible ☐ Yes	Χίνο	1
24	9. Name and Address of Curre	29	30			Personal Property Tax. 10. Name and Address of New Registered		дио	ł
	9. Name and Address of Curre	int Keğisteren Ağent		81	Name	TO. Name and Address of New Augistation	- Agent		1
POJ	e, Daniel								1
3359 SAPPHIRE RD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			(
	TANA FL 33462			83					ĺ
									ĺ
				84	City	FL	85 Zip	Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorize	ed by t	the corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing its	registered egistered	\
SIGNATURE									{
	Signature, typed or printed name of registered ag				signature required				€
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS A	OD DIRECTO	ORS IN 12 ☐ Addition	/11/98
πιε Ι	DP .	☐ DELETE i		TITLE			C1 Cuanda	C. Modinoii	
NAME	POJE, DANIEL			NAME					F034
STREET ADDRESS	3359 SAPPHIRE RO				address !				1 17
CITY-ST-ZIP		•			[
	LANTANA FL 33462	□ DELETE	1,40	CITY-ST	-ZIP		CT Change	Addition	CRS
TITLE	DST	DELETE	2.11	CITY-ST	- ZIP		☐ Change	☐ Addition	
NAME	OST POJE, DEBORAH	☐ DELĒTE	2.11 2.21	CITY-ST TITLE NAME		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME STREET ADDRESS	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE	2.11 2.21 2.21 2.35	CITY-ST TITLE NAME STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	OST POJE, DEBORAH		2.11 2.21 2.35 2.4	CITY-ST TITLE NAME STREET CITY-ST	ADDRESS			i	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE	2.11 2.21 2.35 2.4 3.11	CITY-ST TITLE NAME STREET CITY-ST	ADDRESS		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OST POJE, DEBORAH 3359 SAPPHIRE RD		241 221 238 24 311 321	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS 1-ZIP			i	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OST POJE, DEBORAH 3359 SAPPHIRE RD		2.11 2.21 2.35 2.4 3.11 3.21 3.35	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS 1-ZIP ADDRESS			i	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST POJE, DEBORAH 3359 SAPPHIRE RD		2.11 2.21 2.35 2.4 3.11 3.21 3.35 3.4.	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS 1-ZIP ADDRESS			☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OST POJE, DEBORAH 3359 SAPPHIRE RD	C DELETE	211 221 238 2.4 3.11 3.21 3.38 3.4.	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OST POJE, DEBORAH 3359 SAPPHIRE RD	C DELETE	1.44 2.11 2.21 2.38 2.4 3.11 3.21 3.3.5 3.4.4 4.11	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS T-ZIP ADDRESS T-ZIP		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OST POJE, DEBORAH 3359 SAPPHIRE RD	C DELETE	1.44 2.11 2.21 2.38 2.4 3.11 3.21 3.35 3.4. 4.11 4.2. 4.38	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OST POJE, DEBORAH 3359 SAPPHIRE RD	C DELETE	1.440 2.11 2.21 2.33 2.4 3.11 3.24 3.35 3.4. 4.21 4.33 4.440	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE _ ☐ DELETE -	1.440 2.11 2.21 2.33 2.4 3.11 3.21 3.35 3.4. 4.71 4.22 4.33 4.40 5.11	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE _ ☐ DELETE -	1.440 2.11 2.21 2.33 2.4 3.11 3.21 3.35 3.4. 4.11 4.2 4.33 4.40 5.11 5.21	CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET NAME CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE _ ☐ DELETE -	1.44 2.11 2.21 2.33 2.4 3.11 3.24 3.4 4.7 4.7 4.2 4.33 4.44 5.11 5.24	CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET NAME CITY-SI TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE _ ☐ DELETE -	1.440 2.11 2.21 2.33 2.4 3.11 3.21 3.35 3.4. 4.11 4.2 4.33 4.40 5.11 5.22 5.36 5.40	CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change	☐ Addition ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE -	1.44 2.11 2.21 2.33 2.4 3.11 3.24 3.4 4.7 4.7 5.11 5.24 5.36 5.46 6.11	CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME CITY-SI TITLE CITY-SI TITLE	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change ☐ Change ☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OST POJE, DEBORAH 3359 SAPPHIRE RD	☐ DELETE -	1.40 2.11 2.21 2.38 2.4 3.11 3.21 3.38 3.4. 4.71 4.2 4.38 4.40 5.11 5.21 5.38 5.40 6.11	CITY-ST TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME NAME NAME NAME NAME NAME NAME NA	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS -ZIP		☐ Change ☐ Change ☐ Change	Addition Addition	

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 13 if changes, or on an attachment with an address, with all other like empowered.