

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033947 (8)

1. Corporation Name  
BOILING POINTS, INC.

Principal Place of Business  
18750 U.S. HWY. 441  
MT. DORA FL 33757

Mailing Address  
15234 ARABIAN WAY  
MONTEVERDE FL 34756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1996	
21		26	4446 Old Winter Garden Rd.	4. FEI Number 59-3373682	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Orlando, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	32811	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	USA		

9. Name and Address of Current Registered Agent

BOKALO, TARAS P  
15234 ARABIAN WAY  
MONTEVERDE FL 34756

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOKALO, TARAS P	1.2 NAME	
STREET ADDRESS	15234 ARABIAN WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEVERDE FL 34756	1.4 CITY - ST - ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOKALO, DIANE K	2.2 NAME	
STREET ADDRESS	15234 ARABIAN WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEVERDE FL 34756	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOKALO, GEORGE Y	3.2 NAME	
STREET ADDRESS	17345 RAIN TREE COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	MONTEVERDE FL 34756	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: George Bokalo

3-31-98 407-298-4066

CR2E034 (10/97)