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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000039260

1. Corporation Name

BOLT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

501 E. Kennedy Boulevard  
Suite 501  
Tampa, Florida 33602

501 E. Kennedy Boulevard  
Suite 501  
Tampa, Florida 33602

3. Date Incorporated or Qualified

3a. Date of Last Report

May 7, 1996

2. Principal Place of Business

2a. Mailing Address

21 401 Channelside Drive  
Suite, Apt. #, etc.

26 401 Channelside Drive  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tampa, Florida

28 Tampa, Florida

24 Zip

25 Country

29 Zip

30 Country

33602

USA

33602

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Paul D. Davis, Esquire  
One Harbour Place  
Tampa, Florida 33602

81 Name Paul C. Davis, Esquire

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

83

84 City

Tampa,

FL

85 Zip Code  
33602

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 607.005, Florida Statutes.

SIGNATURE

Signature of type and printed name of registered agent and title if applicable

Signature of type and printed name of registered agent and title if applicable

DATE

PAUL C. DAVIS 4/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D  
NAME Saburo Oto  
STREET ADDRESS 501 E. Kennedy Boulevard, Suite 501  
CITY, ST, ZIP Tampa, Florida 33602

11 TITLE P/D  
NAME Saburo Oto  
STREET ADDRESS 401 Channelside Drive  
CITY, ST, ZIP Tampa, Florida 33602

21 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21 TITLE S/T  
NAME Chris Phillips  
STREET ADDRESS 401 Channelside Drive  
CITY, ST, ZIP Tampa, Florida 33602

31 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

31 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

41 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

51 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

61 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information is dated 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 statement 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:

Saburo Oto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SABURO OTO  
PRESIDENT

100002189021  
-05/23/97--01002--007  
\*\*\*558.75

CR2E034 (9/96)