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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000051650 (5)

1. Corporation Name
BOLIN CONSULTANTS, INC.

Principal Place of Business
450 E. LAKEWOOD CIRCLE
MARGATE FL 33063

Mailing Address
450 E. LAKEWOOD CIRCLE
MARGATE FL 33063-5252

3. Date Incorporated or Qualified: 06/17/1996
3a. Date of Last Report: NA

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number — X 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 has liability for intangible tax under s. 199.032, Florida Statutes X Yes ☐ No

9. Name and Address of Current Registered Agent
HELLER & BARNETT CORPORATE SERCICES
1214 N. UNIERSITY DR.
PLANTATION FL 33322

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOCHICCHIO, VINCENT	
STREET ADDRESS	450 E. LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	☐ DELETE
NAME	BIGLIN, JOHN	
STREET ADDRESS	450 E. LAKEWOOD CIRCLE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TRES.	☐ Change X Addition
1.2 NAME	JUDY BIGLIN	
1.3 STREET ADDRESS	3480 PALLADIAN CIRCLE	
1.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33442	
2.1 TITLE	SECRATERY	☐ Change X Addition
2.2 NAME	IVA BOCHICCHIO	
2.3 STREET ADDRESS	450E LAKEWOOD CIRCLE	
2.4 CITY-ST-ZIP	MARGATE, FL 33063	
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		

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14. I do 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: Vincent Bochicchio — 3/11/97 — 954 972 2989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148727