

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 13 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064221 (0)**

1. Corporation Name
BO TU, INC.

Principal Place of Business
**7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835**

Mailing Address
**7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1996	3a. Date of Last Report
21		26		4. FEI Number 59-3405883	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29	30

9. Name and Address of Current Registered Agent

**PAGE, JACQUELYN T
7807 ST. ANDREWS CIRCLE
ORLANDO FL 32835**

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	CEO, M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James T. Bowers	1.2 NAME	
STREET ADDRESS	133 N. Arbor Trails #404	1.3 STREET ADDRESS	
CITY-ST-ZIP	Park Forest, IL 60466-2679	1.4 CITY-ST-ZIP	800002320538--0
TITLE	P.	2.1 TITLE	-10/15/97--01034-005
NAME	Jacquelyn T. Page	2.2 NAME	****165.00 ****165.00
STREET ADDRESS	7807 St. Andrews Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32835	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 in an attachment with an address.

CR2E034 (4/97)

September 10, 1997

SANDRA B. MORTHAM
FLORIDA DEPT. OF STATE
SECRETARY OF STATE
DIV. OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: FILING FEE

DEAR MADAME:

THIS IS THE FIRST NOTICE THAT WE HAVE RECEIVED. I SPOKE WITH YOUR OFFICE AND EXPLAINED THE SITUATION TO THEM ABOUT NOT RECEIVING THE PRIOR NOTICE AND I'M FOLLOWING UP WITH THIS LETTER.

Thank you,

A handwritten signature in cursive script, appearing to read "Jim Bowers", with a long horizontal flourish extending to the right.

JIM BOWERS