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

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1998

2. Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082298 (6)

BOGGY CREEK KISSIMMEE, INC.

Principal Place of Business	Mailing Address
407 (DYLWYLD DRIVE	407 IDYLWYLD DRIVE
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 333

FILED May 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

Date Incorporated or Qualified 10/04/1996
FEI Number

85-0705768

Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
ony a sittle	até City & State				6. Election Campaign Financing		\$5.00	-:		
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	<u></u>	Country		8. This corporation owes or has p				
24	25	29	30	<u> </u>		Personal Property Tax due Jun			No	
9. Name and Address of Current Registered Agent					Alama -	10. Name and Address of New R	agistered	Agent		
STURGIS, GREGORY C 407 IDYLWYLD DRIVE FT. LAUDERDALE FL 33301			81	Name						
			82	82 Street Address (P.O. Box Number is Not Acceptable)						
			اجوا							
				83					i	
				84	City		-	85 Zip (Code	
							<u> Fl</u>			
11. Pursuant :	to the provisions of Sections 607.056 egistered agent, or both, in the State	02 and 607 1508, F e of Florida. Such c	lorida Statutes, hanoe was aut	the above horized by	-named cor the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of	it changing it: pointment as	s registered reaistered	
agent. I a	m familiar with, and accept the oblig	ations of Section (607.0505, Floric	la Statutes	i.		p		(
SIGNATURE										
12.	Signature, typed or printed name of registered ag	PO DIRECTORS	(NOTE R	13.	nt signature requ	lifed when reinstating) ADDITIONS/CHANGES TO OFF	DATE:	O DIDECTOR	CINI 12	
TIFLE	SD		DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFF	CENS AN	Change	Addition	
KAME	STURGIS, GREGORY C	_	Juccent	1.2 NAME				C Ollarigo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS	IDLEWYLD DR			1.3 STREET	ADDOCCC				1	
	FT. LAUDERDALE FL									
CITY-ST-ZIP TITLE	PO		DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP			Change	Addition	
NAME	HUBER, DON	_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.2 NAME	}			C. J Onlings		
STREET ADDRESS	904 MAIN STREET			2.3 STREET	ADDRESS					
CITY-ST-ZIP	WINDERMERE FL			2. 4 CITY - S	1				•	
TITLE	VPD		DELETE	3.1 TITLE	1 20			☐ Change	Addition	
NAME	DEJOHN, GREGORY		-	3.2 NAME	İ			•		
STREET ADDRESS	4675 RAVENSWOOD RD			3.3 STREET	AODRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			3.4. CITY - S	T-ZIP					
TITLE	TD		DELETE	4.1 TITLE				Change	Addition	
NAME	BRAUSER, MICHAEL			4.2 NAME						
STREET ADDRESS	3700 NE 27TH AVE			4.3 STREET	ADDRESS					
CITY - ST - ZIP	LIGHTHOUSE POINT FL			4.4 CITY-S	r-zip				i	
TITLE			DELETE	5.1 TITLE			-	Change	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP				5.4 CITY-S	[-ZIP]	
TITLE			DELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME	ļ				Ţ	
STREET ADDRESS				6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CHY-S						
indicated	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 suppliemental 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								itlam an I	
officer or director of the corporation or the ecover 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 prattachment with an address.										