

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

FILED

Apr 15 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 # P96000084444 (4)

1. Corporation Name
BOXER COIL, INC.

Principal Place of Business

Mailing Address

8509 N TRASK ST
TAMPA FL 33624

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TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1401 N. 26th St	26	1401 N. 26th St	10/11/1996	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
23. City & State		28. City & State		59-3413069	
24. Zip		29. Zip		5. Certificate of Status Desired	
33605		33605		<input type="checkbox"/> \$8.75 Additional Fee Required	
25. Country		30. Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUSSELL, HILDY S 8509 N TRASK ST TAMPA FL 33624		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		1401 N. 26th St	
		83.	
		84. City	
		Tampa	
		FL	
		85. Zip Code	
		33605	

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PST	1.1 TITLE	
NAME	RUSSELL, HILDY S	1.2 NAME	
STREET ADDRESS	8509 N TRASK ST	1.3 STREET ADDRESS	1401 N. 26th St
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33605
TITLE	VP	2.1 TITLE	
NAME	RUSSELL, ALAN S	2.2 NAME	
STREET ADDRESS	8509 N TRASK ST	2.3 STREET ADDRESS	1401 N. 26th St
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33605
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

Hildy S Russell

HILDY S RUSSELL 4-9-98 813247-6282

CR2E034 (10/97)