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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086986 (2)

BOXCO INDUSTRIES, INC.

## FILED Apr 24 1998 8:00am Secretary of State



4/14/9x (800) 654-293>

Data at a st Disas	-10	Marillan Addanas					
Principal Place of Business Mailing Address							
1251 N.W. 100 WAY Plantation FL 33322		1251 N.W. 100 WAY PLANTATION FL 33322			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/21/1996		
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For 65-07 10078 Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	3	City & Stato			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Ζ(p 29	Couni	Iry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sime\) No		
	9, Name and Address of Curre	<del></del>	1901		10. Name and Address of New Registered Agent		
FOI	RMAN, ROBERT S ESQ		6	Nam	ame		
210	1 WEST COMMERCIAL BOULE TE 4100	VARD	8	32 Stree	reet Address (P.O. Box Number is Not Acceptable)		
	RT LAUDERDALE FL 33309		8	33			
	_			City	<b>FL</b>		
office or re	o <b>the</b> provisions of Sections 607.05 a <b>giste</b> red agent, or both, in the Stat m <b>famil</b> iar with, and accept the oblig	e of Horida. Such change was :	authorized :	by the co	med corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered as				gnature required whon reinstating) DATE		
12.		ID DIRECTORS	13.	agora o grica	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 1070	E	Change Addition		
NAME	ORLAN, RICHARD E	<del></del>	1.2 NAM				
STREET ADDRESS	1251 N.W. 100 WAY			 Eet addres:	RESS		
CITY-ST-ZIP	PLANTATION FL 33322			'-ST-ZIP	Į.		
TITLE	D	DELETE	2 1 TiTL		Change Addition		
NAME	ORLAN, SHARYN R		2.2 NAM	(E			
STREET ADDRESS	1251 N.W. 100 WAY			EET ADDRESS	RESS		
CITY-ST-ZIP	PLANTATION FL 33322			Y-ST-ZIP			
TITLE		☐ DELETE	31 TIIL		Change Addition		
NAME			3.2 NAM	1E			
STREET ADDRESS			3.3 STRI	EET ADDRES!	RESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	Р		
TITLE		DELETE	4.1 TITL	E	Change Addition		
NAME			4 2 NAM	ME			
STREET ADDRESS			4 3 S1RI	EET ADDRESS	RESS		
CITY-ST-ZIP			4.4 CITY	′-\$T-Z#P	,		
TITLE		☐ DELETE	5.1 TITL	E	☐ Change ☐ Addition		
RAME			5.2 NAM	(E			
STREET ADDRESS			5.3 STRI	EET ADDRES	RESS 1		
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP			
TITLE	•	☐ DELETE	6.1 TITE	E	Change Addition		
NAME			6.2 NAM	1E			
STREET ADDRESS			6.3 STR	EET ADDRES:	RESS		
CITY-ST-ZIP				'- ST - ZIP			
indicated officer or r	on this annual report or supplemen	lal annual report is true and acceiver or trustee empowered to	curate and	that my s	stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an out as required by Chapter 607, Florida Statutes; and that my name appears in		