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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

DOCUMENT #

P96000100009 (5)

BOZ ENTERPRISES, INC.

### Address ### Ad										
ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/09/1996 4. FEI Number Applied F. Sy-34 13783 Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State 28 City & State 29 Country Zip Country Zip Country Zip Zip Cou	Principal Place of Business Mailing Address						- (45)(55) (10 (6))) \$111 \$511 \$511 \$511 \$511 \$511 \$511 \$			
2. Principal Place of Business 2. Mailing Address 4. FEI Number										
2. Principal Place of Business	ST. PETERSBURG FL 33713 ST. PETERSBU			L 33713			DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2a. Mailing Aridress 5. Strict Number 5. Strict Numb							3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Aridress 5. Survey 5. Survey							12/09/1996			
Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 City & State City & State City & State Suite, Apt. #, etc. 2 City & State City & State Suite, Apt. #, etc. 2 City & State City & State Suite, Apt. #, etc. 2 City & State City & State Suite, Apt. #, etc. 2 City & State City & State Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 City & State City & State Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 2 Suite, Apt. #, etc. 3 Suite, Apt. #, etc. 4 Suite, Apt. #, etc. 5 Suite, Apt. #, etc. 6 S	2. Principal f	Place of Business	2a. Mailing Address					I A	pplied For	
Suite, Apt. #, etc Suite, Apt. #, etc.							59-3413783	N	ot Applicabl	
City & State Country This corporation owes or has paid the current year intenglible or personal Property Tax due June 30.		#, etc.		Suite, Apt. #, etc.			5 Cartificate of Status Desired \$8.75 Additions			
City & State City & State City	ر ا		27							
Trust Fund Contribution Added to Fees	City & Sta	le					Election Campaign Financing	\$5.00	May Be	
Zip			28				, , , ,			
SZABO, GERALD E 4227 2ND AVENUE NORTH ST. PETERSBURG FL 33713 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Florida Statutes. SIGNATURE Signature hybrid or prefere care of registered agent and fine-diagraficable (INOTE Registered Agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS 4227 2ND AVENUE NORTH 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE NAME STREET ADDRESS		Country	Zip	Count	try		8. This corporation owes or has paid the cu	irrent year In	tangible	
SZABO, GERALD E 4227 2ND AVENUE NORTH ST. PETERSBURG FL 33713 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 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 regist office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Florida Statutes agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature typed or prefets traine of registered agent and the diagrate able (INSITE Registered Agent signature required when reinstating) DATE SIGNATURE STREET ADDRESS STREET ADDRESS 4227 2ND AVENUE NORTH 1.3 SIREET ADDRESS STREET ADDRESS	4	25	29	30			Personal Property Tax due June 30.	Yes [] No	
SZABO, GERALD E 4227 2ND AVENUE NORTH ST. PETERSBURG FL 33713 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Street Address (P.O. Box Number is Not Acceptable) B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registe of 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 registe agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statules. SIGNATURE Signature: Synetic synetic prefers turne of registered agent and time if age ficiable. INOTE: Registered Agent signature required when telestating) DATE 12. OF HICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33713 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE AMME 2.2 NAME 2.3 SIREEL ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
### Address (P.O. Box Number is Not Acceptable) ### City ### Cit	S7	ABO, GERALD F		8	11	Name				
ST. PETERSBURG FL 33713 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 regist office or registered agent, or both, in the State of Horida. 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 hybrid or prefets turne of registered agent and title if agrificable (INDITE Registered Agent signature required when reinstating) DATE 12. OF HICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME STREET ADDRESS					R2 Street Adv		acc (P.O. Boy Number is Not Acceptable)			
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: hyped or predest same of registered agend and the diagraphic required when reinstating) DATE 12. OF HICLES AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE DELETE 1.2 NAME SZABO, GERALD E 1.2 NAME 1.3 SIREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ANAME 2.2 NAME 2.3 SIREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	· •···					Sileel Addie	(i .O. Dox Humber is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE SZABO, GERALD E 1.2 NAME STREET ADDRESS ST. PETERSBURG FL 33713 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change AMME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	0,	. 1 212(1000) (0 1 2 00) (0		8	33					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or prefers traine of registered agent and life of applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OF HOLERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME STREET ADDRESS STABO, GERALD E 1.3 SIREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.3 SIREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				<u> </u>		011		lee l Zin	Codo	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Energy accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or prodest name of registered agent and the if applicable INOTE Registered Agent signature required when reinstating) DATE				8	54	City	FI	_ 65 Zip	Code	
Signature: typical or price led runner of registers of agrent and the of arth able. (NOTE: Registered Agrent signature required when reinstating) 12. OF HOLERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 1.1 TITLE NAME STREET ADDRESS 4227 2ND AVENUE NORTH 1.3 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33713 1.4 CITY-ST-ZIP DELETE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS	office or	regi stered agent, or both, in the Stat	te of Florida. Such change wa	as authorized	bv t	named corpo the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing pointment as	its registered registered	
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STREET ADDRESS 3.3 STREET ADDRESS		1		B '		IDDDECC				

14. Thereby 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 of 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 or on an articular statutes.

3.4. CITY - ST- ZIP

4.3 STREET ADDRESS

53 STREET ADDRESS

63 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

5-1-98

Change

☐ Change

Change

Addition

Addition

Addition

FILED

May 18 1998 8:00am

Secretary of State

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