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

PROFIT CORPORATION **ANNUAL REPORT** 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

DOCUI 1. Corporatio DAVII	MENT n Name) BOLT , 1		000022	901 (7	7)			·			
Principal Plac	e of Busines	s	Mailing	Address			 	i sha shall angul dhish an ini an	IAL BOHER HOLD HIDIO IDIIL	DOLOJ PADA FADI	
2182 NW 18TH AVE., SUITE 31 2182 NW 18TH AVE., SUI							ļ				
	BEACH FL 3			PANO BEACH FI			ŀ	DO NOT WRITE IN THIS SPACE			
							2 Date Incorn	orated or Qualified	THIS SPACE		
							03/13/				
2. Principal Place of Business 2a. Mailing Adi							4, FEI Number			plied For	
21 2				<u> </u>			105-1	07354D1		t Applicable	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			E Certificate o	f Status Desired		Additional	
22			27				Fee Required				
City & Stat	е		<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Zip		Country		Zip Country			Trust Fund Contribution				
24	25 29				30	y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
g, Name and Address of Current R							10. Name and Address of New Registered Agent				
	OLT, DAVI				81	Name					
		OTH AVE., SUITE 3	1		82	Stroot Ac	dress (P.O. Boy Num	ber is Not Acceptable			
POMPANO BEACH FL 33069				bz Street A			Juless (F.O. BOX 14011	Der is Not Acceptable	,		
				83							
					84	City			85 Zip	Code	
						,				i	
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.15	08, Florida State	utes, the above	re-named c	orporation submits thi	s statement for the pur ctors. I hereby accept	pose of changing if	s registered	
agent. I a	m familiar w	th, and accept the of	oly alions of Sec	tion 607.0505, F	Florida Statute	s.		Dage of the second		ad	
SIGNATURE		NOI	M			<u> </u>	DOLT.	rresident	7.6.	/0	
40	Signature, typed		Sagest and life if appli AND DIRECTOR		13.	ent signature re	equired when reinstating)	NUMBER TO OFFICE	DATE	00 101 40	
12.	Γ	OFFICENS	AND DINECTOR	DELETE	1.1 TITLE		D ADDITIONS/C	CHANGES TO OFFICE	Change	Addition	
NAME					1.2 NAME		Davis a Pra			/	
STREET ADDRESS					1.3 STREE	T ADORESS	DAVID BO SAMEAS	1101			
CITY-ST-ZIP					1.4 CITY-	ST-ZIP	SAME AS	KOOVE		ļ	
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CITY-SJ-ZIP					2.4 CITY	ST-ZIP					
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STREET ADDRESS						T ADDRESS					
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CITY-ST-ZIP					5.4 CITY-	ST-21P					
TITLE				DELETE	6.1 TITLE				☐ Change	Addition	
NAME					6.2 NAME						
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CITY-ST-ZIP	aglifu that th	a information supplies	ed satisfy shifts dition -	fone not acceler:	6,4 CITY-		in Coation 110 07(0)) Elorido Ctatutas 15	that continue that the	Information	
14, I nereby (on this annu	e information supplie ial roport or supplemi	u with this filling o ental annual repo	ices not quality ort is true and ac	curate and the	nat my signa	ature shall have the sa	i), Florida Statutes. I fu ime legal effect as if m	riner certify that the lade under oath; th	at laman	

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 attachmony with an address