Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90070 036 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000024768

1. Corporation Name

CITY-ST-ZIP 14

SIGNATURE:

BOJEE ENTERPRISES, INC.

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Principal Place	e of Business	Mailing Address							
SUITE 2626 ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394		SUITE 2626 ONE FINANCIAL PLAZA			DO NOT WRIT	E IN THIS	SPACE		
		FORT LAUDERDALE FL 33	FORT LAUDERDALE FL 33394			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
						03/18/1997			
2. Principal P	lace of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26			65-0790976			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		*	Additional
22		27	. سر.		.				Required
City & Stat	e ·	City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip		intry	1	8. This corporation owes the curre	nt year Inta		□No
24	25	29	30			Personal Property Tax.	mistored /	☐ Yes	□ INO
	9. Name and Address of Current	Registered Agent	_	81	None	10. Name and Address of New Ro	igistered F	igent.	
WOE	RLDWIDE CORPORATE SERVICES	E INC		01	Name				
ONE FINANCIAL PLAZA			•	82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
Suite 2626 Fort Lauderdale FL 33394				83	İ				
ron	LAUDERDALE PE 33334			84	City			85 Z	ip Code
					,	poration submits this statement for the	<u>FL</u>		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fig	orida Stat	utes	•	on's board of directors. I hereby accept			
	Signature, typed or printed name of registered agent			Agen	nt signature require	ed when reinstating)	DATE ANI	DIREC	TODE IN 12
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS ANI	Chang	
TITLE	DPS CTCDUENT	☐ DELETE	1.1 TI						,0
NAME	GOLDENBERG, STEPHEN F.	0000	1.2 N						
STREET ADDRESS	ONE FINANCIAL PLAZA, SUITE	2020			TADDRESS .				
CITY-ST-ZIP	FT LAUDERDALE FL 33394			TY-S	T-ZiP	······································		Chang	e Addition
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STREET ADDRESS			6.3 S	TREE	T ADDRESS				

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 supplied ental 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 place attachment with an address, with all other like empowered.