Applied For

Fee Required

\$5,00 May Be

Added to Fees

☐Yes

Not Applicable \$8.75 Additional

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 # P97000028634

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

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BOUSE BOAD DEVELOPERS INC

Principal Place of Business	Mailing Address	
270 ORANGE AVE. STE C VINTER PAIRK FL 32789	1270 ORANGE AVE. STE C WINTER PARK FL 32789	
HAIEL LAIN LE SELOS	Miller Frank 10 serse	

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Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent JOHNSON, LORAN A

25

Country

215 NORTH EOLA DRIVE ORI ANDO EL 32801

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90116 004 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

03/31/1997 4. FEI Number

59-3435113

UNL	1100 I E 3200 I		63	1						ł			
				Cit			FL		ip 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 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 agen	and title if applicable (NOTE: R	egistered Age	nt signa	ure req iired when reinstating)		DATE			i			
12.		D DIRECTORS	13.		ADDITIO	INS/CHANGES TO C	OFFICERS AND	DIREC	TORS	IN 12			
TITLE	D	☐ DELETE	1.1 TITLE					Chan	ge [Addition			
NAME	BELL, JAMES T		1.2 NAME										
STREET ADDRESS	1270 ORANGE AVE. STE C		1.3 STREE	T ADDR	ESS								
CITY-ST-ZIP	WINTER PARK FL 32789		14 CITY-5	ST-ZIP									
TITLE		☐ DELETE	21 TITLE					Char	ge [Addition			
NAME			22 NAME										
STREET ADDRESS			23 STREE	T ADDR	ESS								
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE					Char	ige [Addition			
NAME			3.2 NAME							İ			
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CITY-ST-ZIP			3.4. CITY-	ST-ZIP									
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NAME			4 2 NAME										
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NAME			52 NAME										
STREET ADORESS			5.3 STREE	TADDR	ESS								
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP									
TITLE		☐ DELETE	6.1 TITLE					Char	ige [Addition			
NAME			6.2 NAME										
STREET ADDRESS			6.3 STREE	TADDR	ESS								
CITY-ST-ZIP			6.4 CITY-5				1.5.41	E . M 1 1					
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for t	he exemp	tion st	ated in Section 119.07	7(3)(i), Florida Statute se same legal effect a	s. I turther cert s if made ur de	iry that t r oath: t	ne in or hat I an	mation n an			

Country

81 Name

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indicated on this annual report of supplementary supplementation accurate and that my signature shall have the same legar effect as a made in derivation, and the same legar effect as a made in derivation of the corporation of the received from th

SIGNATURE:

4/21/99

407-645-5550

Date

Daytime Phone #