Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90110 007 ***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

1. Corporation	Name # P9/000	030/15			}		
	E. BOGLE & ASSOCIATES,	INC.			A SECURE OF THE SECURE	nat 40 00 1 00	d: 11281 2111 1581
Principal Place	e of Business	Mailing Address		-	- I MANIENT HE IEIN IERN EENN AANN EENN EENN	1131 48 111 1 88 1)()(06) 6:((106)
10954 N.W. 12T	TH DRIVE	10964 N.W. 12TH DRIVE					
CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	SPACE	
					04/04/1997		
• D-::I D	Vaca of Divisions	2a. Mailing Address			4. FEI Number		Applied For
_ ′	lace of Business				65-0759603		Not Applicable
21 Suite, Apt.	# etc	26					Additional
	#, etc.	27	-		5. Certificate of Status Desired		Required
22 City & Stat	9	City & State			6. Election Campaign Financing	\$5.00	0 May Be
·		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Countr	·	8. This corporation owes the current year Int.	angible	
24	25	29 30	ה (Personal Property Tax.	Yes	□No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
			81	Name			
BOG	GLE, LANA T		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
10954 N.W. 12TH DRIVE			0,	Sueer Addit	(F.O. Box Humber to Hot Place)		
CORAL SPRINGS FL 33071			83	3		_	-
			L		AL OF USE OF THE STATE OF THE S	DE Zie	Code
			84	City	FL	85 Zip	Code
agent. I a	egistered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered agen	tions of, Section 607.0505, Florida	a Statute	S. ant signatura required			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	e 🗌 Addition
NAME	BOGLE, DEREK E		1.2 NAME				ł
STREET ADDRESS			1.3 STRE	ET ADDRESS			ŕ
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE			Change	e 🔲 Addition
NAME	BOGLE, LANA T		2.2 NAME				ł
STREET ADDRESS			2.3 STRE	ET ADDRESS	Consultation of the second		-
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	e
NAME			3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	e Addition
NAME			4. 2 NAM	<u> </u>			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	l l		Change	e 🗌 Addition
NAME			5.2 NAME				
STREET ADDRESS	;			ET ADDRESS			ı
CITY OT 7HD	Ī		5.4 CITY-	ST-ZIP			

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 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 portionation 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 charges or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

ure required

DELETE

Daytime Phone #

Change

☐ Addition