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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

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ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P97000042278 (6) **DOCUMENT #**

**BOKA INVESTMENT HOLDINGS, INC.** 

3540 5TH AVENUE NORTH 3540 5TH AVENUE NORTH ST PETERSBURG FL 33713 ST PETERSBURG FL 33713

**FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3445546 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent CORPORATE CREATIONS STOVER 15210 AMBERLY DRIVE SUITE 328 TAMPA FL 33647 83 9502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered abliquations of, Section 607.0505, Florida Statutes. STOVER SIGNATU№F ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. EFICERS AND DIRE Change TITLE COOKSEY, ROBERT 1.2 NAME MAME 3540 5TH AVENUE NORTH STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33713 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE COOKSEY, KAREN NAME 2.2 NAME 3540 5TH AVENUE NORTH STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 33713 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STARTE 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE MAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP □ DELETE ☐ Addition 51 THLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of Block 12 or Block 1

SIGNATURE: