**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## Corporation Name (April P97000059057 DOCUMENT #

BOARDROOM PRESS, INC.

## **FILED** Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90030 011 \*\*\*550.00



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rincipal Place of Business Mailing Address						saur Bardi Bişiğ iğili Bardi Eli	() ( <b>30) (11)</b>	
608 LINKS COURT 7608 LINKS COURT								
ARASOTA FL 34243 SARASOTA FL 34243			-					
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 07/07/1997			
Principal Place of Business 2a. Mailing Address			ress		4. FEI Number	Applied	d For	
		26			65-0776641	65-0776641 Not Applicable		
Suite, Apt. #,	etc.		Suite, Apt. #, etc.			\$8.75 Addi		
27					5. Certificate of Status Desired	Fee Requir	red	
City & State City & St			& State		6. Election Campaign Financing \$5.00 May Be			
		28			Trust Fund Contribution Added to Fees			
Zip Country		Zip Cour		ıntry	8. This corporation owes the current year		ţ	
_	25	29	30	т	Intangible Personal Property.	Yes X No	2	
9. Name and Address of Current Registered Agent				04   11	10. Name and Address of New Regi	istered Agent		
CARE	ROLL, JOHN L			81 Name				
	LINKS COURT		82 Street Add		ress (P.O. Box Number is Not Acceptable)			
	SOTA FL 34243							
OPIN	100 IA I E 07270			83				
				84 City		85 Zip Code	e	
				<u> </u>	<del></del>	FL   3   2   5   5   5		
office or re- agent. I an	cistered agent, or both in the Sta familial with, and accept the ob	ate of Florida. Such cha ligations of, section 607	nge was authorize '.0505, Florida Sta	d by the corpor	poration submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registe	ered	
IGNATURE	gnature, typed or printed hame of registered a		(NOTE: Regist	ered Agent signature	required when reinstating)	DATE	-1	
2. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12 :	
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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 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 attachment with an address.

IGNATURE: \_