PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072524

1. Corporation Name

BOTA, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90171 006 ***150.00



1												
Principal Flace of Business Mailing Address										- · - •		
3621 NW 71ST STREET COCONUT CREEK FL 33073 3621 NW 71ST STREET COCONUT CREEK FL 33073							DO NOT WRI	TE IN THIS	SPACE			
						08	te Incorporated or Qualifed 1/20/1997					
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			Applied For		
21	_	26	6						No: Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Ce	rtifk ate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees				
Zip	Country	Zíp	Count	try			is corporation owes the curi	rent year Inta		dat.		
24	25	29	30				rsonal Property Tax.	n	Yes	<u> MANO</u>		
	9. Name and Address of Curr	en: Registered Agent		34 N		10. Na	ame and Address of New	Registerna i	Agent			
ene	OTA, JOHN		\	31 N	ame							
3621	NW 71ST STREET		1			dress (P.O.	Box Number is Not Accept	able)				
COC	ONUT CREEK FL 33073		1	B3								
				84 C	ity			FL	85	Zip Code		
office or n agent. Fail	to the provisions of Sections 607.0 egistered agent, or both, in the Starn familiar with, and accept the obli-	te of Florida. Such change was a gations of, Section 607.0505, Fib	uthorized i rida Statut	es.	corporat	tion's board	or directors, i hereby acce	pt the appoin	ntment a	s registered		
12.	OFFICERS A	AND DIRECTORS	13.			ADD	DITIONS/CHANGES TO OF	FICERS AN				
TITLE	D	☐ DELETE	1.1 TITU	E	}				☐ Char	ige 🗌 Addition		
NAME	SOBOTA, JOHN		1.2 NAM	Æ								
STREET ADDRESS	3621 NW 71ST STREET		1.3 STR	EET ADI	DRESS							
CITY-ST-ZIP	COCONUT CREEK FL 33073			/-ST-ZIF	,					T Addition		
TITLE		☐ DELETE	, 2.1 TITL	E	- 1				☐ Char	ige		
NAME :			2.2 NAM	łE								
STREET ADDRESS			2 3 STR	EET AD(DRESS (
CITY-ST-ZIP			2. 4 CIT		Р .					Addition		
TITLE		☐ DELETE	3.1 11111	E					Char	ige		
NAŅE			3.2 NAM									
STREET ADDRESS			3.3 STR		- (
CITY-ST-ZIP		F) per exe	3.4. CIT		P -				☐ Char	nge Addition		
IIITÊ		☐ DELETE	4,1 TITL						Cildi	.8. \		
NAME			4. 2 NA									
STREET ADDRESS				EET ADI	- 1							
CITY-ST-ZIP		The state	4.4 CITY						Char	nge Addition		
TITLE		☐ DELETE	5.1 TITL 5.2 NAM							iās Dungilliņi		
NAME			5.3 STR		DRESS							
STREET ADDRESS			5.4 CITY		- 1							
CITY-ST-ZIP		☐ DELETE	6.1 TITL						☐ Char	nge Addition		
TITLE		☐ DELETE	6.2 NAN						001	,		
NAME			6.3 STR		nress							
STREET ADDRESS					1							
CITY-ST-ZIP				/-ST-ZII		0 0 14	IO 07/3Vi) Elorida Statutos	16.0		i inf		

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PIRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN L. SOBOT, 4