

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90156 043 ***150.00

DOCUMENT # P97000078402

1. Corporation Name
BOSTON BLIZZARD, INC.

Principal Place of Business
2503 1ST STREET
INDIAN ROCKS BEACH FL 33785

Mailing Address
2503 1ST STREET
INDIAN ROCKS BEACH FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1997

4. FEI Number
59-3477423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 2303 BAY BLVD #1

27 2303 BAY BLVD #1

23 City & State

28 City & State

23 INDIAN ROCKS BEACH, FL

28 INDIAN ROCKS BEACH, FL

24 Zip Country

29 Zip Country

24 33785

29 33785

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, WILLIAM B JR.
18395 GULF BLVD., #202
INDIAN SHORES FL 33785

81 Name

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

83

84 City

FL

85 Zip 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VAKALIS, GEORGIA
STREET ADDRESS 2503 1ST STREET
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

1.1 TITLE
1.2 NAME VAKALIS, GEORGE
1.3 STREET ADDRESS 2303 BAY BLVD #1
1.4 CITY-ST-ZIP

TITLE STD
NAME VAKALIS, ANN
STREET ADDRESS 2503 1ST STREET
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2303 BAY BLVD #1
2.4 CITY-ST-ZIP

TITLE VPD
NAME ELLIOTT, JOHN A
STREET ADDRESS 2503 1ST STREET
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 2303 BAY BLVD #1
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE: JOHN A ELLIOTT 4/28/99 727-596-9904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0423793

CR2E034 (1/198)