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

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

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000081742	(3)

BOLDI	LY INTERACTIVE, INC.	·					
Principal Place of Business Mailing Address					4 10011001 110 10111 30011 00111 00111 00111	1 IDIMI 14811 18811 BJA18 1481 1881	
		3231 VINCENT ROAD WEST PALM BEACH I			DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified 09/22/1997</li> </ol>		
2. Principal Place of Business 2a, Mailing Address 21				4. FEI Number Applied for	Applied For Not Applica		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	h		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Ζφ <b>29</b>	Count 30	ry	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible  Yes M No	
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Register	ed Agent	
1	Orporate Creations ente	rprises, inc.	8	1 Name			
4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418			8	2 Street Add	el Address (P.O. Box Number is Not Acceptable)		
			8	3			
			8	4 City	F	85 Zip Code	
office or	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	ate of Florida. Such change wa	as authorized I	by the corpora	rporation submits this statement for the purposation's board of directors. I hereby accept the	e of changing its register appointment as registere	
SIGNATURE	Signature, typed or preded name of registered	agren and title if applicable (f	NOTE: Begistered A	gent signature requ	uired when reinstating) DAT	Ε	
12.	OF LICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D DOORN BIGUARD	☐ DELETE	1,1 TITLE			Change Addit	
NAME	ROSEN, RICHARD		1.2 NAM	Ē			
STREET ADDRESS	3231 VINCENT ROAD		1.3 STRE	et address			

**WEST PALM BEACH FL 33405** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - ST - ZiP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this flying 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 supplements annual report or supplements are in decurate 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 reviewed function 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 a purply but with an address.

SIGNATURE

4-29-98 561-392-1117

**FILED** 

May 20 1998 8:00am

Secretary of State