

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P97000083896 (5)

1. Corporation Name

BOSETTI MARKETING & PROMOTIONS INC.

Principal Place of Business

2380 WEYMOUTH DRIVE
CLEARWATER FL 34624

Mailing Address

2380 WEYMOUTH DRIVE
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1997

4. FEI Number

59-3472829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 306 N. GLEN AVE

2a. Mailing Address

26 306 N. GLEN AVE.

Suite, Apt. #, etc.

City & State

23 TAMPA, FLA.

City & State

28 TAMPA, FLA

Zip

24 33609

Country

25 Hillsborough

Zip

29 33609

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

MASON BOSETTI, KELLY
2380 WEYMOUTH DRIVE
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81

Name

KELLY MASON BOSETTI

82

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

306 N. GLEN AVE

83

84

City

TAMPA

FL

85

Zip Code

33609

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

Kelly Bosetti

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/22/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P, T
STREET ADDRESS KELLY MASON BOSETTI
CITY-ST-ZIP 2380 WEYMOUTH DRIVE
CLEARWATER, FL 34624

TITLE ☐ DELETE

NAME V, C, M
STREET ADDRESS LISA M. FIGUEROA
CITY-ST-ZIP 306 N. GLEN AVE
TAMPA, FLA 33609

TITLE ☐ DELETE

NAME S, D
STREET ADDRESS JENNIFER LANGFORD
CITY-ST-ZIP 10202 LOCKWOOD PINES LANE
TAMPA, FLA 33635

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

Jennifer Langford

4/22/98

813-875-1171

CR2E034 (10/97)