08131999-90013-008-$550.00-$550.00

I99.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 13, 1999 8:00 am
Secretary of State
08-13-1999 90013 008 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000006006

1. Corporation Name
BOREIKO, INC.

608933 - 90003 - 30

Principal Place of Business	Mailing Address
950 MOODY RD. UNIT 134 FORT MYERS FL 33903	950 MOODY RD. UNIT 134 FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1998

2. Principal Place of Business
21 12860 Kenwood LNE
22 Suite, Apt. #, etc.
23 City & State: FORT Myers
24 Zip: FL
25 Country: 33907

2a. Mailing Address
26 12860 Kenwood LNE
27 Suite, Apt. #, etc.
28 City & State: For+ Myers
29 Zip: FL
30 Country: 33907

4. FEI Number: X 65-0[illegible]952 ☐ 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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINSLOW, CARL H JR.
2256 HEITMAN ST
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

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 X [signature] 8/1/99
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	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BOREIKO, JOE		1.2 NAME	Boreiko, Joseph	
STREET ADDRESS	950 MOODY RD, UNIT 134		1.3 STREET ADDRESS	950 Moody Rd #114	
CITY-ST-ZIP	FORT MYERS FL 33903		1.4 CITY-ST-ZIP	Fort Myers FL 33903	
TITLE	PVST	☐ DELETE	2.1 TITLE	PVST	☒ Change ☐ Addition
NAME	BOREIKO, JOE		2.2 NAME	Boreiko, Joseph	
STREET ADDRESS	950 MOODY RD, UNIT 134		2.3 STREET ADDRESS	950 Moody Rd #114	
CITY-ST-ZIP	FORT MYERS FL 33903		2.4 CITY-ST-ZIP	Fort Myers FL 33903	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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: X [signature] 8/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #