

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000038421

rincipal Place of Business	Mailing Address
1 N.E. 10TH TERRACE	431 N.E. 10TH TERRACE
CA RATON FL 33431	BOCA RATON FL 33431

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90235 030 ***150.00

SIXTEEN	BOOMER'S, INC.					. 171 0 7 10171 8 107 8	11 20 1 1101 1 30 1
Principal Place	e of Business	Mailing Address			ייים איים איים וואסי יפוען בוו זמטווסטי ו :	9 (1118) 1821) 61818	11881 1181 1881
431 N.E. 10TH TERRACE BOCA RATON FL 33431 BOCA RATON FL 33431			DO NOT WRITE IN THIS	S SPACE			
					3. Date incorporated or Qualifed		
L					04/28/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number (05-0841999	<u> </u>	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22		27				Fee Re	<u> </u>
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	- \$5.00 Added t	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	tangible	
24	25	29	30		Personal Property Tax.	☐ Yes	X No
	9. Name and Address of Curren				10. Name and Address of New Registered	Agent	
, AEC	CIA, MARY		81	Name			·
	N.E. 10TH TERRACE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
,	A RATON FL 33431		83	;			
_			84	City	FI	85 Zip (Code
<u>'</u>		00 4 CO7 4500 Florida Statuto	o the about	n nomed corp		f changing its	registered
' Affice or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was all	INONZEO DV	the comoraiic	oration submits this statement for the purpose con's board of directors. I hereby accept the appo	intment as re	gistered
l secont La	m familiar with, and accept the oblina	ations of Section 607 0505. Flori	Ma Statistos				
1	in tatimal with, and accept the obliga	AUGITA OI, COCUCII COT., COCC, T. IO.	da Siarates	s.		·	
SIGNATURE				nt signature require	d when reinstating) DATE	·	
1	Signature, typed or printed name of registered age				d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: F	Registered Age			ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN D VECCIA, MARY	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	nt signature required			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D VECCIA, MARY 431 N.E. 10TH TERRACE	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN D VECCIA, MARY	nt and title if applicable. (NOTE: IND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require		Change	☐ Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN D VECCIA, MARY 431 N.E. 10TH TERRACE	nt and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	nt signature require			
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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 trusteg-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: