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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000083388

1. Corporation Name BOEGE NETWORKS INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90077 004 ***150.00



	. *									
Principal Place of Business Mailing Address						1 (40)(40) (30 (0)0) (0)(3 00(1) 00(1) 00(1)) =9181 +8198	(11 00 1116)		
6285 NW 120TH DR. 6285 NW 120TH DR.						-				
CORAL SPRINGS FL 33076 CORAL SPRINGS FI			J 076							
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 09/24/1998	·			
2. Principal Pt	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0866095		1 1 1 1	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' '			5. Certifcate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	e ·	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip Country			Zip Country			8. This corporation owes the current year Intangible				
24	25	29	30	·		Personal Property Tax.			□No	
24	9. Name and Address of Curren		1001			10. Name and Address of New Regis	tered Age	nt		
				81	Name					
ABENSOUR, DANIEL S 6285 NW 120TH DR.			}	82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
	AL SPRINGS FL 33076		<u>-</u>							
	.*		İ	84	City		FL	5 Zip C	ode	
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										
11. Pursuant to the provisions of Sections 607.0502 and 607.1502 and 6										
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name or registered agent and due in applicable. (NOTE: Net				Agent	t signature required	ADDITIONS/CHANGES TO OFFICE		UPECTO	PS IN 12	
12.	P OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE \	ABENSOUR, DANIEL S						_		_	
NAME (COOK ANY ACCTLA DO			1.2 NAME 1.3 STREET ADDRESS					1	
STREET ADDRESS	SARAL CRANICO EL CASTA				1					
CfTY-ST-ZIP)	CORAL SPRINGS PL 33076	AL SPRINGS PL 33U/B		Y-ST	1-ZIP		Г	Change	Addition	
TITLE							_		_	
NAME	<i>.</i> *			2.2 NAME 2.3 STREET ADDRESS		•				
STREET ADDRESS										
CITY-ST-ZIP		☐ DELETE	2.4 CI		T-ZIP			Change	Addition	
TYTLE		- · · ·	3.1 TITI) Oriengo		
NAME +			3.2 NAMÉ						ļ	
STREET ADDRESS					ADDRESS	•	•			
CITY-ST-ZIP	1.21		3.4. CIT		T-ZIP			Change	[] Addition	
TITLE .	7,	☐ DELETÉ	4.1 TITI				<u>.</u>	1 Onlange	C. Addition	
NAME	<i>*</i>		4.2 NA		İ	•				
STREET ADDRESS			4.3 STF	REET	ADDRESS					
CITY-ST-ZIP :			4.4 CIT		r-ZIP			101	- Addition	
TITLE j	i j	☐ DELETE	5.1 TIT			,	L] Change	Addition	
NAME /	f = 1		5.2 NA							
STREET ADDRESS	//				ADDRESS					
CITY-ST-ZIP			5.4 CIT		r-ziP			104	☐ Addition	
TITLE BANK		☐ DELETE	6.1 TIT				L] Change	Addition	
NAME			6.2 NA							
STREET ADDRESS			1		ADDRESS				-	
CITY-ST-ZIP		_	6.4 CIT	Y-\$1	r-ZIP					

14. 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 chapted, or on an attachment with an appears with all other like empowered.

SIGNATURE:

/₉₈ (954) 796 -3845