

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90170 041 ***150.00

DOCUMENT # P98000089678

1. Corporation Name
THE BOARDING PASS, INC.

Principal Place of Business
18209 FERN RD
FT MYERS FL 33912

Mailing Address
18209 FERN RD
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

65-0870754

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 Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 3431 Bonita Beach rd.
Suite, Apt. #, etc.

22 Suite 206

23 Bonita Springs

24 Fla. 34134 25 USA

2a. Mailing Address

26 3431 Bonita Beach rd.
Suite, Apt. #, etc.

27 Suite 206

28 Bonita Springs, Fla

29 34134 30 USA

9. Name and Address of Current Registered Agent

OLSON, PATRICIA A
18209 FERN RD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name Patricia A. OLSON

82 Street Address (P.O. Box Number is Not Acceptable)
3431 Bonita Beach rd

83 Suite #206

84 City Bonita Springs FL 85 Zip Code 34134

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 PATRICIA A. OLSON

Patricia A. Olson

4/28/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME OLSON, PATRICIA A
STREET ADDRESS P O BOX 3278 N/A
CITY-ST-ZIP BONITA SPRINGS FL 34133

TITLE D ☐ DELETE

NAME FINNEGAN, ELIZABETH
STREET ADDRESS 18209 FERN RD
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: PATRICIA A. OLSON

Patricia A. Olson

4/28/99 941-948-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)