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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S01978**

(3)

BOULDER-RIDGE CORPORATION

Mailing Address Principal Place of Business POST OFFICE BOX 7832 POST OFFICE BOX 7832 PORT ST. LUCIE FL 34985-7663 PORT ST. LUCIE FL 34985-7832 US LIS 3a. Date of Last Report 3. Date incorporated or Qualified 09/24/1990 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 985 Shilo P.O. Box 65-0214701 10181 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Sarasota Jaras ota Trust Fund Contribution 28 Added to Fees 23 Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \square No 34278 US A 30 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 CARLO, MICHAEL F. 480 SE NOME DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 POST OFFICE BOX 7832 83 PORT ST. LUCIE FL 34985 **B4** Zip Code 342 40 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. Lam familiar with and accept the obligations of Section 607.0505. Florida Statutes. Michael Carlo SIGNATURE (NOTE: Registered Agent signature required when reinstating) (96/6)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. MSD Change Addition TIFLE DELETE 1.1 TITLE CARLO, MICHAEL F. 1.2 NAME E034 NAME POST OFFICE BOX 7832 1.3 STREET ADDRESS PO BOX 10/8/ STREET ADDRESS PORT ST LUCIE FL 34278 1.4 CITY - ST - ZIP Surasota, FL CITY ST DELETE Change Add: 707 TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

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14. I do hereby ccttly 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:

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Secretary of State

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