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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S06088**

1. Corporation Name

BOESCH ENTERDRISES INC

BUESUN	ENTERFRISES, INC.								
Principal Place	of Business	Mailing Address				I TORVIOLE ALL BRILL BOLD LAIDI			EL DIBLE BIORI IDDI
•		2536 COUNTRYSIDE BLVD.				· ·			
2536 COUNTRYSIDE BLVD. 2536 COUNTRYSIDE BLVD. CLEARWATER FL 34623 CLEARWATER FL 34623									
						DO NOT WRITE	IN THIS S	PACE	
						3. Date Incorporated or Qualifed			J
						10/11/1990			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3035886			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				,			Required
City & State	9	City & State				6." Election Campaign Financing			May Be
23		28	0			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Cou	iiu y		8. This corporation owes the curren		igible XYes	□No
24 337			30	<u> </u>	**	Personal Property Tax. 10. Name and Address of New Reg			
	9. Name and Address of Curren	r registered Agent		81	Name	10. Name and Address of from the	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
DOUD	DNA, HEATHER L								
	COUNTRYSIDE BLVD			82	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
	I FLOOR			83		·			
	RWATER FL 34623							_	
OLD (84	City		FL	85 Zi	p Code
	10 0 007 0500	0 CO2 4500 Fl Ct-t-t-		<u> </u>		ration submits this statement for the pu			33763
office or re	edistered agent, or both, in the State (of Florida. Such change was au	uthorized	1 bv th	ne corporation	i's board of directors. I hereby accept t	he appoint	ment as	registered
agent. I an	n familiar with, and accept the obligat	tions of, Section 607.0505, Flor	nga Stati	utes.					
agent. I an SIGNATURE				utes.	Soodura required s	uhan ranetatina).	DATE		
agent. I an	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered	utes.	signature required v		DATE	DIREC	TORS IN 12
agent. I an SIGNATURE 5	Signature, typed or printed name of registered agen OFFICERS AN			Agents	signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	
agent. I an SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN PDST	nt and title if applicable. (NOTE:	Registered 13.	Agents	signature required v				
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14. I hereby certify that the information supplied with this filing does not cually for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental annual report is the 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 eceiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

<u>(727)726-0726</u>

Daytime Phone #

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90050 043 ***150.00