5-7-98 BC 133 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S21483

Country

9. Name and Address of Current Registered Agent

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BOUTIN, LARAINE
7109 CATALINA WAY

(0)

2a. Mailing Address

City & State

Ζiρ

Suite, Apt. #, etc.

BOUTIN SPORTS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

rincipal Place of Business	Mailing Address	
7109 CATALINA WAY LAKE WORTH FL 33467	7109 CATALINA WAY LAKE WORTH FL 33467	
US	US	

28

29

FILED
May 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

3. Date Incorporated or Qualified

12/28/1990

65-0233271

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (D.O. Roy Number is Not Assentable)

LAKE WORTH FL 33467		-	3					
		83						
			84	Cit	City 85 Zip Coc	10		
			-	011	FL 3 Zip Co.	~		
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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			
TITLE	DP\$	DELETE 1	1 TITLE		DPS 3 3 Cot 12 P Change	Addition		
NAME	Boutin, Robert Jr.	1	2 NAME		Boutin, Made			
STREET ADDRESS	5448 COURTNEY CIRCLE	1	3 STAEET	ADDRE	DORESS 9109 Catalina way			
CITY-ST-ZIP	BOYNTON BEACH FL		4 CITY-S	T-ZIP	IP LAVE WORTH, FI 33467			
TITLE	DVT	DELETE 2	1 TITLE		Change L	Addition		
NAME	BOUTIN, LARAINE	2	2 NAME		BOI AID LATOLOS			
STREET ADDRESS	5448 COURTNEY CIRCLE	2	3 STALET	ADDRE	DDRESS DICK NOTALIDA WAY			
CITY-ST-ZIP	BOYNTON BEACH FL	2	4 CITY-S	ST - ZIP	21 1/1/2 TIMMEN, LO 33901			
TITLE		DELETE 3	1 TITLE		☐ Change	Addition		
NAME		3	2 NAME					
STREET ADDRESS		3	3 STREET	ADDRE	DORESS			
CITY - ST - ZIP		3	4. CITY-5	ST- <i>Z</i> IP	ZIP			
TITLE		☐ DELETE 4	1 TITLE		☐ Change 〔	Addition		
NAME		4	2 NAME			ŀ		
STREET ADDRESS		4	3 STREET	ADDRE	DORESS	ĺ		
CITY-ST-ZIP		4	4 CITY-S	T-ZIP	ZIP			
TITLE		DELETE 5	1 TITLE		☐ Change ☐	Addition		
NAME		5	2 NAME		, ,			
STREET ADDRESS		5	3 STAEET	ADDRE	DORESS			
CITY-ST-ZIP		5	4 CITY-S	T-ZIP	ZIP			
TITLE	•	☐ DELETE 6	1 TITLE		☐ Change	Addition		
NAME		6	2 NAME			l		
STREET ADDRESS		6	3 STREET	ADDRE	DORESS	\ 		
CITY-ST-ZIP			4 CITY-S					
14. Thereby 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 recoiver 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 change 1, or on an attachment with an address.								

Country

81 Name

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