FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V28141 (2)

1. Corporate Name
BOSLANTA CORPORATION

Principal Place of Business	Mailing Address
7401 DOVER CT. PARKLAND FL 33067	7401 DOVER CT. PARKLAND FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 02/22/1994
4. FEI Number: 65-0325115 — 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 has liability for intangible tax under s. 199.032 Florida Statutes. Yes / No

2. Principal Place of Business (21–25) — 2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

NEIMARK, CORT A.
7401 COVER CT.
PARKLAND FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	NEIMARK, CORT A	NAME	
STREET ADDRESS	7401 DOVER CT.	STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	CITY-ST-ZIP	
TITLE	S	TITLE	Secretary, Director [X] Change [ ] Addition
NAME	LATZA, CINDY	NAME	Howard B. Nadel
STREET ADDRESS	800 CORPORATE DR., #420	STREET ADDRESS	800 Corporate Drive, Ste. 602
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE	T	TITLE	Treasurer, Director [X] Change [ ] Addition
NAME	PARRISH, MARY	NAME	Michael E. Greene
STREET ADDRESS	800 CORPORATE DR., #420	STREET ADDRESS	800 Corporate Drive, Ste. 602
CITY-ST-ZIP	FT. LAUDERDALE FL 3334	CITY-ST-ZIP	Ft. Lauderdale, FL 33334
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1), 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: [signature] CORT A. NEIMARK (305) 493-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0110944 CP