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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # VEOD

	BOLDT, INC.	(0)						
Principal Place of Business		Mailing Address				I F(BIK BKBI) BII	ATT BLEEF BY BY BY	III (1887
5508 MARINA DRIVE		5500 MARINA DR						
Suite a Sarasota fl 34217		SUITE A SARASOTA FL 34217-1540			İ			
US		US			3. Date Incorporated or Qualified	3a. Da	te of Last Re	oport
••					08/14/1992		4/1996	,,,,,,
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			plied For
21]		26			65-0363376		No:	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State			Fee Hequired			
23	•	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	ry	8. This corporation has liability to			
25		29	29 30		Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	egistered A	igent	
	EN, WATSON R.		8	1 Name				ĺ
	1 AVE N		8	2 Street Ad	dress (P.O. Box Number is Not Accepte	able)		
SUIT		8	3					
81 P	ETERSBURG FL 33701		Ľ					
			8	4 City		FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the abo	ve-named co	rporation submits this statement for the	purpose of	changing its	s registored
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607,0505, Flo	authorized l orida Statut	by the corpor es.	rporation submits this statement for the ation's board of directors. I horeby acc	opt the appo	ointment as i	registered
SIGNATURE								
40	Signature, typed or printed name of registered age			gent signature req	pired when reinstating)	DATE	DIDECTOR	0.41.40
12.	OFFICERS ANI	DELETE	13,	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition
NAME	STONE, ROBERT G.		1.2 NAM					
STREET ADDRESS	5508 MARINA DR			ET ADDRESS				
CITY-ST-ZIP	HOLMES BEACH FL		1.4 DITY	\ \ \ \ \ \				
TITLE		DELETE	2.1 TITLE				Change	Addition
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 \$TRE	ET ADDRESS				
CITY-ST-ZIP				'-S1-7IP				
TITLE		TT DEFET	DELETE 3.1 TITLE		7		Change	L Addition
NAME			3 2 NAM					ľ
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.1 THILE	'-ST-2IP			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	ADDRESS		4.3 STREET ADDIRESS					
CITY-ST-ZIP			44 CHY					
TITLE			5 1 1 n L E				Change	Addition
NAME			5.2 NAM	F				}
STREET ADDRESS			5.3 STRE	E1 ADDRESS				1
CITY-ST-ZIP			5.4 C(1 Y - ST - Z(P					
TITLE		DELETE	6.1 TITLE	ŀ			Change	Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STRE	ET ADDRESS				

14. I do 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 eath; 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.

APR 3 0 1997

FILED

May 08 1997 8:00am

Secretary of State