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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V67366

Corporation Name

BOSS SEPARATOR CORP.

21 26 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 25 Certificate of Status Desired Fee Require City & State City & State Fee Require City & State Country Zip Country 26 Country Zip Country State State State Country State St	Required  May Be
1198 S.E. MENORES AVE.   PORT ST. LUCIE FL 34952   DO NOT WRITE IN THIS SPACE	Not Applicable Additional Required May Be
PORT ST. LUCIE FL 34952 US   PORT ST. LUCIE FL 34952 US   3. Date Incorporated or Qualifed   O9/29/1992   O	Not Applicable Additional Required May Be
US   US   3. Date Incorporated or Qualifed   O9/29/1992	Not Applicable Additional Required May Be
22   Principal Place of Business   2a   Mailing Address   4   FEI Number   Applied	Not Applicable Additional Required May Be
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0364026 Not Applied Not Applied Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State City & State City & State Zip Country Applied Status Desired Fee Require Fee Require Fee Require St.00 May Added to Fe Added to Fe Require St.00 May Added to Fe Require Fee Require St.00 May Added to Fe Require Fee Require St.00 May Added to Fe Require Fee Require Fee Require St.00 May Added to Fe Require Fee Require Fee Require Fee Require St.00 May Added to Fe Require Fee Require Fe	Not Applicable Additional Required May Be
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City & State Country	<b>0</b> May Be
Trust Fund Contribution Added to Fe Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes N	
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24 25 29 30 Personal Property Tax. Yes N	
24 25 29 30 Addition of New Positored Agent	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
LENZ, RONALD L.	
1198 SE MENORES AVE  82 Street Address (P.O. Box Number is Not Acceptable)	
PORT ST LUCIE FL 34952	
84 City FL 85 Zip Code	p Code
14 September 19 Se	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors, i nereby accept the appointment as registered	its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	its registered registered
CICNATURE	its registered registered
SIGNATURE DATE	its registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstanting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  Change	TORS IN 12
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14. I 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 oath; that I am an officer or director of the exemptation 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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE!

OFFICER OR DIRECTOR

<-25-99

561-343-0802

Daytime Phone