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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V70104**

1. Corporation Name

B. BOLTE, INC.	
Principal Place of Business	Mailing Address
13315 S.W. 112TH AVE. MIAMI FL 33176	13315 S.W. 112TH AVE. MIAMI FL 33176

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90218 026 ***150.00



13315 S.W. 1121 MIAMI FL 33176	'H AVE. 13315 S.W. 112TH AVE. MIAMI FL 33176								
				DO NOT WRITE IN THIS SPACE					
•					1	e Incorporated or Qualifed //05/1992			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI	Number		/	Applied For
3501	S.E. 22 Avenue	26 3501 S.E. 22	Aveni	ıe	65	-0360571		1	lot Applicable
Suite, Apt. #		Suite, Apt. #, etc.		÷ ·	5. Cer	tifcate of Status Desired			Additional Required
City & State		City & State 28 Ocala, FL			ì	ction Campaign Financing st Fund Contribution			May Be to Fees
Zip 24 34471	Country 25 USA	Zip 29 34471 30	Country		I -	s corporation owes the currentsonal Property Tax.	•	ngible Yes	□No
-:	9. Name and Address of Current	Registered Agent			10. Na	me and Address of New Re	gistered A	gent	
	•		81	Name	Darwi D	Polto			
	ie, Barry D. 5 S.W. 112`Ave.		82	Street /	Barry D Address (P.O. I	Box Number is Not Acceptable B. 22 Avenue	le)		
MIAM	II FL 33176		83	 -	2201 2.	B. 22 Avenue			
						· · · · · · · · · · · · · · · · · · ·		TT =	
			84	,	Ocala		FL	1 3	Code 34471
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above orized by	e-named the corpo	corporation sub pration's board	bmits this statement for the po of directors. I hereby accept	urpose of a the appoin	hanging i tment as i	ts registered registered
agent. I an	o the provisions of Sections 607.0302 egistered agent, or both, in the State of familiar with, and accept the obligation	ions of, Section 607 0505, Florida	Statutes						·
SIGNATURE	19 amil).					<u> </u>	1-99		
	Signature, typed or printed name of registered agent		istered Ager	nt signature ri	equired when reinsta	ITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
12.	P . OFFICERS ANI	DELETE	1.1 TITLE		P	HIGHS/OHANGES TO GIVE	OLINO / III	[X] Change	
TITLE	1	C. Decere	1.2 NAME		Barry D	. Bolte			. —
NAME	BOLTE, BARRY D.					3501 S.E. 22 Ave.			
STREET ADDRESS	13315 S.W. 112TH AVE.			TADORESS	_				
CITY-ST-ZIP	MIAMI FL \	☐ DELETE	1.4 CMY-S	T-ZIP		FL 34471		∑ Change	Addition
TITLE	**.	Detele	2.1 TITLE		VP	T Pol+o		TV cura	,
NAME	BOLTE, BERNIE J.		2.2 NAME			ernie J. Bolte			
STREET ADDRESS	11845 S.W. 97TH AVE.			TADDRESS		01 S.E. 22 Ave.			
CITY-ST-ZIP	MIAMI FL 3		2.4 CITY-5	ST-ZIP		FL 34471		Change	Addition
TITLE	TD	☐ DELETE	3.1 TITLE		TD	.u		XI Change	Addition
NAME	BOLTE, THERESA		3.2 NAME			Theresa Bolte			
STREET ADDRESS	13315 SW 112TH AVE		3.3 STREE	T ADDRESS		E. 22 Ave.			
CITY-ST-ZIP	MIAMI FL	·	34. CITY-5	ST-ZIP	Ocála,	FL 34471			T A Jessie
TITLE	SD 🥥	☐ DELÉTE	4.1 TITLE		SD	_		Change Change	e Addition
NAME	Bolte, Brian		4.2 NAME		Brian B	olte			ł
STREET ADDRESS	13315 SW 112 AVE.		4.3 STREE	T ADDRESS	3501 S.	01 S.E. 22 Ave.			į
CITY-ST-ZIP	MIAMI FL	·	4.4 CITY-S	T-ZIP	Ocala,	FL 34471			
TITLE		☐ DELETE	5.1 TITLE			, ,		Change	Addition
NAME			5.2 NAME			•			
STREET ADDRESS	•	i	5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			· · · 		Change	e
NAME		İ	6.2 NAME					•	
STREET ADDRESS	•		6.3 STREE	TADDRESS					
J., 100 1100			0.40004.0	T 765					ļ

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 corporation or the receiver or trustee empsyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if c

SIGNATURE: