FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

1996

DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P95000069461 (8)

BOATV	vright sets & sales, in	C.				
Principal Place	of Business	Mailing Address		I PARILHARI DIA FRINTI DIFALI	. 08 111 09 111 18 11 1 9 711 9 17	JARA UTUUU DIKUK IKUL IUUL
3200 OLD WINTER GARDEN ROAD #1823 OCOEE FL 34761		3200 OLD WINTER GARDEN ROAD #1823 OCOEE FL 34761				
				3. Date Incorporated or Qualifi 08/30/1995	ied 3a. Date of L	ast Report
2. Principal Pla		2a. Mailing Address		4. FEI Number		Applied For
21 1107Z Suite, Apt. #	- Bijerely Way	26 110 2 13: Suite, Apt. #, etc.	jerly who	59-33361		Not Applicable
22	r, etc.	27 Suite, Apt. #, etc.	1	5. Certificate of Status Desired	; 🗆 \$	8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financin		\$5.00 May Be
23 O126	indo, FL	28 012 Jarde	, fi	Trust Fund Contribution	" m	Added to Fees
ZID 24 32819	Country	Zip	Country	8. This corporation has liability		ider s. 199.032,
24 5281	8 25 USIT	29 32818	30 USA		Yes No	
 -	9. Name and Address of Current	10. Name and Address of Ne	w Registered Age	nt		
BO ATM	RIGHT, ROY L		81 Name	LUH WIZIGHT IN	oy L.	
	.D WINTER GARDEN ROAD #18:	22		Address (P.O. Box Number is Not Acce		
	FL 34761	23	83	102 Byerly W		
			84 Cityon	· · · · · · · · · · · · · · · · · · ·		7-2
				Rlando	FL 8	1 27.818
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s. 18ie above named co	unoration schedule this chalancent for the	purpose of changin	ig its registered office
familiar with	h, and accept the obligations of, Section	on 607.0505, Florida Statutes.	отупно сограния пота	board of directors. Thereby accept the	appontment as regis	stered agent. I am
SIGNATURE _						
12.	Styriatury, typed or printed name of registered agent a OFFICERS AND		E Floor Jerad Agent signature : I 13 ,	ajured where as not any i ADDITIONS/CHANGES TO	DEFICE DO AND DID	ECTODO IN 10
TITLE	D	DELETE	1.17716	1)	CITICENS AND DIN	
NAME	BOATWRIGHT, ROY L		1.2 NAME	BATWRIGHT, ROYL	•	angs
STREET ADDRESS	3200 OLD WINTER GARDEN	RD. #1823	1.3 STREET ADDRESS	1102 Byerlyway		
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY - \$1 - ZIP	1102 Bjerlyway Orlando, Fi 32818		
TITLE		☐ DELE NE	2 1 TIFLE	Secretary	☐ Ch	nange 🙀 Addition
NAME			2 2 NAME	DRYER, BOBBLE J		
STREET ADDRESS			2.3 STREET ADDRESS	Tioz Byerlyumy Orland IT 32818		
CITY-ST-ZIP			2.4 City St-ZiP	Octand in 32818		
TITLE		DELETE.	3 1 TifuF		. 🗀 Ch	nange 🔲 Addition
NAME SINCEL ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CFY - S1 - 7IP 4.1 TITLE			12000 T Add
NAME		[4.2 NAMt		□ Ch	nange 🔲 Addition
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 C/TY - ST - ZIP			
TITLE		DELETE	5 1 T-TLF		Cn	range [Addition
NAME			5.2 NAME		LJ V	- g
STREET ADDRESS			5 3 STREET ADDRESS			
C:TY-ST-ZIP			5 4 CHTY - ST - ZIF			
TITLE		DELETE	6 i fift.E		□ Cn	ange 🔲 Addition
NAME			6.2 NAME		_	·
STREET ADDRESS			63 STREET ADDRESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 effector of the corporation or the receiver or trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Biock 13 if changed, or on an attachment with an address.

SIGNATURE:

BOALWRYHT

ALGRE (8:00)8:03-0666

District Press.