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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500069461 (8)

BOATWRIGHT SETS & SALES, INC.

Principal Place 1102 SYERL ORLANDO F		Mailing Address 1102 BYERLY WAY ORLANDO FL 32818 US		DO NOT WRITE IN THI 3. Date incorporated or Qualified	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		08/30/1995 4. FEI Number 59-3336105	Applied For Not Applicable \$8.75 Additional
22 City & State 23		27 City & State 28		Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees
Zip 24	Country 25 9, Name and Address of Cur		Country 30 4	8. This corporation owes or has paid the of Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
0	Kon Walter		83 84 City	ess (P.O. Box Number is Not Acceptable) Foretion submits this statement for the purpose ion's board of directors. I hereby accept the a	L 85 Zip Code of changing its registered as registered
12.		agent and title if applicable (NOTE AND DIRECTORS	Rogistered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOATWRIGHT, ROY L 1102 BYERLY WAY ORLANDO FL	DELETE	1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip	ADDITIONS/OFFICERS AI	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	DRYER, BOBBIE J. 1102 BYERLY WAY ORLANDO FL	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		L Change L Addition
I TITLE	I	□ DELETE	A 1 TITLE		Change Addition

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 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.

4. 2 NAME

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CHTY-ST-ZIP

5.4 CiTY-ST-ZiP

4.4 CITY-ST-ZIP

CICNATUDE.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CR2E034 (10/97

Addition

FILED

Apr 13 1998 8:00am

Secretary of State