

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. McWham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

J82855

1. Corporation Name

BONA INC.

Principal Place of Business

Mailing Address

2021 NE 24th STREET
 LIGHTHOUSE POINT, FL
 33064-7762

2021 NE 24th STREET
 LIGHTHOUSE POINT, FL
 33064-7762

3. Date Incorporated or Qualified

3a. Date of Last Report

07/16/87

2. Principal Place of Business

2a. Mailing Address

21 2021 NE 24th STREET

26 2021 NE 24th STREET

4. FEI Number

Applied For

59-2829224

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State
 LIGHTHOUSE POINT, FL

28 City & State
 LIGHTHOUSE POINT, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYLVESTER, VITO J.
 2021 NE 24th STREET
 LIGHTHOUSE POINT, FL
 33064-7762

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

By _____

With _____

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRÉSIDENT	<input type="checkbox"/> DELETE
NAME	SYLVESTER, VITO J.	
STREET ADDRESS	2021 NE 24th STREET	
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064-7762	
TITLE	SÉC. TRÉSURIER	<input type="checkbox"/> DELETE
NAME	SYLVESTER, VIRGINIA	
STREET ADDRESS	2021 NE 24th STREET	
CITY - ST - ZIP	LIGHTHOUSE POINT, FL 33064-7762	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

400001862624
 06/14/96-01077-043
 ***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

SIGNATURE: X *Vito J. Sylvester*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

33064-7762

CR2E034 (12/95)