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 #

J82855

(4)

BONA, INC.

Principal Place of Business

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



| | ITH STREET | | 2021 NE 24TH STREET | | | |
|--|---|------------------------------------|--------------------------------|---|--|--------------------------------|
| LIGHTHOUSE POINT FL 33064-7762 | | LIGHTHOUSE POINT FL | LIGHTHOUSE POINT FL 33064-7762 | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 07/16/1987 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 202/ | NE. 24 STREET | 26 2021 NE. | 245 | THEET | 59-2829224 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | <u> </u> | | | \$8.75 Additional |
| 21 202/NE, 24 STREET 26 202/NE, 25 Suite, Apt. #, etc. 22 Lighthoure Paint, FL, 27 Lighthouse City & State | | | | 115 T.H | 5. Certificate of Status Desired | Fee Required |
| 23 330 | 64 | 28 33064 | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | / | 8. This corporation owes or has paid the c | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | Yes No |
| g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | |
| SYLVESTER, VITO J 2021 NE 24TH STREET 82 | | | | Name | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| LIGHTHOUSE POINT FL 33064-7762 | | | 95 Stiest Addre | | ss (F.O. BOX HUMBER IS HOT Acceptable) | |
| LIGHTHOUSE POINT PE 33004-7702 | | | | | | |
| | | | - | | | |
| | | | 84 | City | FI | 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 abligations of, Section 607.0505, Florida Statutes. | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | Signature, typed Aprinted name of registered ager | ty PRES. | Professional Ac | ant signature required | 1 AV- | 16-88 |
| 12. | | DIRECTORS (NOTE: | 13. | on alguature required | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | P | DELETÉ | 1.1 TITLE | 1 | ADDITIONAL PROPERTY. | Change Addition |
| NAME | SYLVESTER, VITO J. | | 1.2 NAME | | | |
| STREET ADDRESS | 2021 NE 24TH STREET | | 1.3 STREET | ADDRESS | | |
| | LIGHTHOUSE POINT FL 330 | 64.7789 | 1.4 CITY - S | | | |
| CITY-ST-ZIP TITLE | \$/T | DELETE | 2.1 TITLE | 61 - ZIF | | Change Addition |
| NAME | SYLVESTER, VIRGINIA | | 2.2 NAME | | | |
| STREET ADDRESS | 2021 NE 24TH STREET | | 2.3 STREET | ADOBECC | | |
| | LIGHTHOUSE POINT FL 33064-7762 | | 2.4 CITY- | | | |
| CITY-ST-ZIP TITLE | LIGHTHOUSE FORT TE 330 | DELETE | 3.1 TITLE | 31-21 | | Change Addition |
| NAME | Detrie | | 3.2 NAME | [| | change Addition |
| STREET ADDRESS | • | | 3.3 STREET | ADODECC | | |
| | | | 4 | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY - : | 51-ZIP | | Change Addition |
| NAME | | otten | 4.2 NAME | İ | | Li change Li Adorton |
| | | | | ADDOLOG | | |
| STREET ADDRESS | | | 4.3 STREET | ĺ | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - S 5.1 TITLE | 31 - ZIP | | Change Addition |
| | | precie | | | | onunge nounton |
| NAME OTOFFE ADODESC | | | 5.2 NAME | ADDRESS | | 1 |
| STREET ADDRESS | | | 5.3 STREET | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY- S | 1-219 | | ☐ Change ☐ Addition |
| TITLE | | - DELETE | 6.1 TITLE | ĺ | | □ cusude. □ worman |
| NAME | | | 6.2 NAME | | | Į |
| STREET ADDRESS | | | 6.3 STREET | | | |
| CITY-ST-ZIP | portification the information application | h thin filing door and availed for | 6.4 CITY - S | | notion 110 07/2)(i) Florida Statutas I Amb | portify that the information |
| 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. | | | | | | |

CHATUDE VIT 1 Salvate VITO SILY IVESTER TON 16-04 283- 602