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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N34110 (9)

1. Corporation Name
BONNET HOUSE, INC.



Principal Place of Business: 900 N BIRCH ROAD FT LAUDERDALE FL 33304-3326 US
Mailing Address: 900 N BIRCH RD FT LAUDERDALE FL 33304-3326 US

3. Date Incorporated or Qualified: 09/07/1989
3a. Date of Last Report: 01/26/1996
4. FEI Number: 65-0161955
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
KAUTH, ROBERT R.
900 N BIRCH RD
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE: D, NAME: NELSON, GREGORY, STREET ADDRESS: 1100 E LAS OLAS BLVD FT LAUDERDALE FL, CITY-ST-ZIP: [DELETED]
TITLE: T, NAME: HARLOW, PHILLIP, STREET ADDRESS: 100 NE 3RD AVE STE 700 FT LAUDERDALE, FLDALE, CITY-ST-ZIP: [DELETED]
TITLE: S, NAME: MIDDLEBROOK, BARBARA, STREET ADDRESS: 10950 S.W. 42ND PLACE DARIE FL, CITY-ST-ZIP: [DELETED]
TITLE: VP, NAME: SMITH, JAMES, STREET ADDRESS: 200 E. LAS OLAS BLVD FT LAUDERDALE FL, CITY-ST-ZIP: [DELETED]
TITLE: D, NAME: STONE, MR. EDWARD D. J, STREET ADDRESS: 1512 E BROWARD BLVD, STE. 110 FT LAUDERDALE FL, CITY-ST-ZIP: [DELETED]
TITLE: P, NAME: SMITH, JEAN, STREET ADDRESS: 501 E. LAS OLAS BLVD. FT LAUDERDALE FL, CITY-ST-ZIP: [DELETED]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: P, 1.2 NAME: Michael Maxwell, 1.3 STREET ADDRESS: 1070 NE 96 Street, 1.4 CITY-ST-ZIP: Miami Shores, FL 33138
2.1 TITLE: D, 2.2 NAME: Harold Wipker, 2.3 STREET ADDRESS: 2716 NE 37 Drive, 2.4 CITY-ST-ZIP: Fort Lauderdale, FL 33308
3.1 TITLE: D, 3.2 NAME: Samuel Morrison, 3.3 STREET ADDRESS: 100 S. Andrews Ave, 3.4 CITY-ST-ZIP: Fort Lauderdale, FL 33301
4.1 TITLE: [Blank], 4.2 NAME: [Blank], 4.3 STREET ADDRESS: [Blank], 4.4 CITY-ST-ZIP: [Blank]
5.1 TITLE: [Blank], 5.2 NAME: [Blank], 5.3 STREET ADDRESS: [Blank], 5.4 CITY-ST-ZIP: [Blank]
6.1 TITLE: [Blank], 6.2 NAME: [Blank], 6.3 STREET ADDRESS: [Blank], 6.4 CITY-ST-ZIP: [Blank]

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1-13-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035622

CR2E037 (9/96)