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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34110

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
US



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/07/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0161955
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	MAXWELL, MICHAEL	1.2 NAME	Jan Handley
STREET ADDRESS	1070NE 96 ST	1.3 STREET ADDRESS	4300NE 25 Avenue
CITY-ST-ZIP	MIAMI SHORES FL	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308
TITLE	T	2.1 TITLE	Secretary
NAME	HARLOW, PHILLIP	2.2 NAME	Sandy Casteal
STREET ADDRESS	100 NE 3RD AVE STE 700	2.3 STREET ADDRESS	1135 N. Rio Vista Blvd
CITY-ST-ZIP	FT LAUDERDALE, FLDALE	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	3.1 TITLE	Director
NAME	MIDDLEBROOK, BARBARA	3.2 NAME	Chuck Armour
STREET ADDRESS	10950 S.W. 42ND PLACE	3.3 STREET ADDRESS	501 E. Las Olas Blvd.
CITY-ST-ZIP	DARIE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	S	4.1 TITLE	Director
NAME	SMITH, JAMES	4.2 NAME	Joe Laili
STREET ADDRESS	200 E. LAS OLAS BLVD	4.3 STREET ADDRESS	1512 E. Broward Blvd #110
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	5.1 TITLE	
NAME	HIPPLER, HAROLD	5.2 NAME	
STREET ADDRESS	2716 NE 37 DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	LOUISE DILL	6.2 NAME	
STREET ADDRESS	1100 E LAS OLAS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert R. Kauth SIGNATURE REQUIRED Robert R. Kauth 1/5/99 954/563-5393 x 125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)