

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90012 050 ***150.00

DOCUMENT # P96000067038

1. Corporation Name

THE BODNAR GROUP, INC.

Principal Place of Business
7544 WILES RD. SUITE 204C
CORAL SPRINGS FL 33067-2056

Mailing Address
7544 WILES RD. SUITE 204C
CORAL SPRINGS FL 33067-2056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6040 NW 65 Terrace

Suite, Apt. #, etc.

22

City & State

23 Parkland FL

Zip

24 33067

Country

25 USA

2a. Mailing Address

26 PO Box P808

Suite, Apt. #, etc.

27

City & State

28 Coral Springs FL

Zip

29 33075

Country

30 USA

9. Name and Address of Current Registered Agent

BODNAR, DORIS
7544 WILES RD, SUITE 204C
CORAL SPRINGS FL 33067-2056

10. Name and Address of New Registered Agent

81 Name

Doris Bodnar

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

6040 NW 65 Terrace

83

84

City

Parkland

FL

85 Zip Code

33067

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

Doris Bodnar
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BODNAR, DORIS

STREET ADDRESS 7544 WILES RD, SUITE 204C

CITY-ST-ZIP CORAL SPRINGS FL 33067-2056

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS *6040 NW 65 Terrace*

1.4 CITY-ST-ZIP *FL 33067*

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/99

CR2E034 (11/98)