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**FILED**  
**Apr 05, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000035705

1. Corporation Name  
**BONVITAL, INC.**



Principal Place of Business  
 6896 WITTMAN DR  
 FT MYERS FL 33919

Mailing Address  
 6896 WITTMAN DR  
 FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0747470

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENBERG, ARTHUR  
 6896 WITTMAN DR  
 FT MYERS FL 33919

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

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  DELETE

1.1 TITLE S + T  Change  Addition

NAME GREENBERG, ARTHUR

1.2 NAME

STREET ADDRESS 6896 WITTMAN DR

1.3 STREET ADDRESS

CITY-ST-ZIP FT MYERS FL 33919

1.4 CITY-ST-ZIP

TITLE VP  DELETE

2.1 TITLE  Change  Addition

NAME GREENBERG, LORRAINE

2.2 NAME

STREET ADDRESS 6896 WITTMAN DR

2.3 STREET ADDRESS

CITY-ST-ZIP FT MYERS FL 33919

2.4 CITY-ST-ZIP

TITLE S  DELETE

3.1 TITLE  Change  Addition

NAME LYHS, INGRID

3.2 NAME

STREET ADDRESS 6896 WITTMAN DR

3.3 STREET ADDRESS

CITY-ST-ZIP FT MYERS FL 33919

3.4 CITY-ST-ZIP

TITLE T  DELETE

4.1 TITLE  Change  Addition

NAME LYHS, RIANER

4.2 NAME

STREET ADDRESS 6896 WITTMAN DR

4.3 STREET ADDRESS

CITY-ST-ZIP FT MYERS FL 33919

4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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 #

CR2E034 (1/1/98)