

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90117 025 ***150.00

DOCUMENT # 266750

1. Corporation Name
BONNIE BLOOM ENTERPRISES, INC.

Principal Place of Business

3389 SHERIDAN ST.
#245
HOLLYWOOD FL 33021
US

Mailing Address

3389 SHERIDAN ST.
#245
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1963

4. FEI Number

59-0997667

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 3802 NE 207 ST.

Suite, Apt. #, etc.

22 #1601

City & State

23 AVENTURA FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 3802 NE 207 ST.

Suite, Apt. #, etc.

27 #1601

City & State

28 AVENTURA FL

Zip

29 33180

Country

30 USA

9. Name and Address of Current Registered Agent

BLOOM, BONNIE
3389 SHERIDAN ST.
#245
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

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

3802 NE 207 ST.

83 #1601

84 City AVENTURA

FL

85 Zip Code 33180

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

TITLE PD
NAME BLOOM, BONNIE
STREET ADDRESS 3315 WATER OAK DR.
CITY-ST-ZIP HOLLYWOOD-FL 33021
3802 NE 207 ST.
#1601
AVENTURA FL 33180

☐ DELETE

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STREET ADDRESS
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SIGNATURE: *Bonnie Bloom* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/21/99 954-983-9682

CR2E034 (11/98)

0139864