Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90117 025 \*\*\*150.00

## 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

## DOCUMENT # 266750

1. Corporation Name

BONNIE BLOOM ENTERPRISES, INC.

	•		_				
Principal Place	e of Business	Mailing Address					
3389 SHERIDAN	v ST.	3389 SHERIDAN ST.					
#245				DO 1107 117 117 117 001 00			
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US US		HOLLYWOOD FL 33021 US				TE IN THIS SPACE	
02		US	_	3. Date incorporated or Qualifed 02/01/1963			
2. Principal Pl	lace of Business	2a. Mailing Address	~~~ FT	4. FEI Number		plied For	
21 <b>ゴ</b> 80a	2 NE 207 ST.	<u> </u>	207 ST.	59-0997667		t Applicable	
Suite, Apt. 22 # 16	#, etc.	Suite, Apt. #, etc. # 1601		5. Certifcate of Status Desired	\$8.75 A		
City & State	NTURA FL	28 AYEN TURA	FL	Election Campaign Financing     Trust Fund Contribution	□ \$5.00 Added t	, ,	
Zip 24 33/8	Country	Zig 100 -	Country	8. This corporation owes the current	· <u>-</u>	_/	
24 3318	0 25 USA	29 23/80 30	USA	Personal Property Tax.	Yes	ØN₀	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent		
PI O	OM, BONNIE		81 Name				
			82 Street Ad	dress (P.Q. Box Number is Not Acceptab	le)		
•	SHERIDAN ST.		380				
~ #245			83 ++ 11	001			
HOLLYWOOD FL 33021			<del></del>		85 Zip 0	Code	
2			84 City A	YENTURA	FL   S	3780	
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	·					<u> </u>	
- GIOINATOINE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature requ		ÖATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	_		
TITLE	PD	☐ DELETE	1.1 TITLE	•	☐ Change	☐ Addition	
NAME	BLOOM, BONNIE	D NE. 2075T.	1.2 NAME				
STREET ADDRESS	BLOOM, BONNIE  8815 WATER OAK DR. 380	100A FL 3380	1.3 STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL AVEN	TURA PL DATE	1.4 CITY-ST-ZIP				
TITLE	j., 3	☐ DELETE	2.1 TITLE .		☐ Change	☐ Addition	
NAME			2.2 NAME		•	ĺ	
STREET ADDRESS			2.3 STREET ADDRESS				
CITY+ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition	
NAME	·	,	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	•		Ĭ	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	•		1	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			ļ	
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition	
NAME			5.2 NAME	•	-		
STREET ADDRESS	,	İ	5.3 STREET ADDRESS			i i	
			5.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change	Addition	
			6.2 NAME			_	
NAME STREET ADDRESS			6.3 STREET ADDRESS			,	
DIRECT MINIMEGE							

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP