

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 327765 (4)**

1. Corporation Name  
**FIRST BOND CORPORATION**



Principal Place of Business: **9441 SW 106 AVE MIAMI FL 33176-9625-2634**  
Mailing Address: **9441 SW 106 AVE MIAMI FL 33176-9625-2634**

3. Date Incorporated or Qualified: **03/20/1968**  
3a. Date of Last Report: **01/31/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1225617</b>	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
					<input type="checkbox"/>	
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
	<b>33176-2634</b>		<b>33176-2634</b>		<input type="checkbox"/>	
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BOND JR, VERNON D 7350 S.W. 112 STREET MIAMI FL 33156</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOND JR, VERNON D		1.2 NAME				
STREET ADDRESS	7350 SW 112 STREET		1.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.4 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOND, GEORGE K.		2.2 NAME				
STREET ADDRESS	1353 DAUPHIN STREET #9		2.3 STREET ADDRESS				
CITY - ST - ZIP	MOBILE AL		2.4 CITY - ST - ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BAKER, DEBORAH A.		3.2 NAME				
STREET ADDRESS	9441 SW 106 AVE		3.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		3.4 CITY - ST - ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BOND, JOAN F		4.2 NAME				
STREET ADDRESS	7350 SW 112 STREET		4.3 STREET ADDRESS				
CITY - ST - ZIP	MIAMI FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joan F Bond Date: 3/1/96 Daytime Phone #: 305-274-4744

CR2E034 (12/95)