FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90124 035 ***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 # 354191

1. Corporation Name

BUNTCO	INC						
Principal Place	e of Business	Mailing Address			I INDIAL CITAL BIRGT HOLD INDIA HOLD HIDT	TIMIL DIRECTION	FEAT BIGIT ISS
1400 S FEDERAL HWY POMPANO BEACH FL 33062 1400 S FEDERAL HWY POMPANO BEACH FL 33062					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					10/21/1969		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	<u></u>	plied For
21		26			59-1279203		t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	Mav Be	
23	-	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Ir		_ \
24	25 29 30		30	Personal Property Tax.			□No
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
B 41 100	miny same locality		8	I Name			
MURPHY, MR JOHN			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
3860 SHERIDAN ST. HOLLYWOOD FL 33021			8:	3			
				<u> </u>		lar Zio (
			84	'	FI	85 Zip C	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligat	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by ida Statute	y the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its intment as rec	registered gistered
0,0,0,0,0	Signature, typed or printed name of registered agen			ent signature require	ed when reinstating) DATE	ND DIDECTO	DC IN 42
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition
TITLE	VP	(DECEASED)	1.1 TITLE				C
NAME	BUNTROCK,ILA L	(DECEASED)	1.2 NAME				
STREET ADDRESS	1400 S. FEDERAL HWY.		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL	☐ DELETE	1.4 CITY-	ST-ZIP		Change	Addition
TITLE	ST BUILDOOK BIGHARD I	□ necese	2.1 TITLE				
NAME	DOMINIO CIGNO C		2.2 NAME	1			İ
STREET ADDRESS	8390 WATERWAY DRIVE	3406		ET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3:	DELETE	2. 4 CITY- 3.1 TITLE			☐ Change	[] Addition
TITLE	•		3.1 III.LE				
NAME STREET ADDRESS				ET ADDRESS			ļ
	POMPANO BEACH FL 33062			ST-ZIP			
CITY-ST-ZIP	DELETE			31-21		Change	☐ Addition
NAME			4. 2 NAMI	E			
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-				
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
	I		6.2 NAME	: [

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 or an attachment with an address, with at other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-942.3023