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Jan 14 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 371889

(7)

1. Corporation Name

BIRD BONANZAS, INC.

Principal Place of Business

12300 N.E. 6TH CT.  
N. MIAMI FL 33161  
US

Mailing Address

2345 MAGNOLIA DRIVE  
NORTH MIAMI FL 33181-2224

3. Date Incorporated or Qualified

10/26/1970

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1307396

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ABRAMSON, IRA JOEL  
2345 MAGNOLIA DRIVE  
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

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 of registered agent or person authorized to file this report

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABRAMSON, IRA JOEL  
STREET ADDRESS 2345 MAGNOLIA DRIVE  
CITY - ST - ZIP NORTH MIAMI FL

TITLE SD ☐ DELETE

NAME ABRAMSON, ELLEN  
STREET ADDRESS 2345 MAGNOLIA DRIVE  
CITY - ST - ZIP NORTH MIAMI FL

TITLE P ☐ DELETE

NAME ABRAMSON, IRA JOEL  
STREET ADDRESS 2345 MAGNOLIA DRIVE  
CITY - ST - ZIP NORTH MIAMI FL

TITLE D ☐ DELETE

NAME ABRAMSON, HARVEY S  
STREET ADDRESS 1066 NE 94TH STREET  
CITY - ST - ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

IRA JOEL ABRAMSON

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/97 (305) 895-0607

Date

Daytime Phone #

0246663

CR2E034 (9/96)