

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

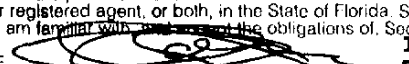


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1755 N.E. 127TH ST. Suite, Apt. #, etc. 22 N/A City & State 23 NORTH MIAMI Zip 24 33181-2518		2a. Mailing Address 26 2345 MAGNOLIA DR. Suite, Apt. #, etc. 27 N/A City & State 28 NORTH MIAMI Zip 29 33181-2224		3. Date Incorporated or Qualified 10/26/1970	
Country 25 U S A		Country 30 U S A		4. FEI Number 59-1307396 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
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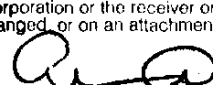
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **IRA JOEL ABRAMSON --- PRESIDENT** 1/08/98
ELLEN ABRAMSON --- VICE PRESIDENT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRAMSON, IRA JOEL 2345 MAGNOLIA DRIVE NORTH MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VICE PRESIDENT ELLEN ABRAMSON 2345 MAGNOLIA DRIVE NORTH MIAMI, FL 33181-2224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ABRAMSON, ELLEN 2345 MAGNOLIA DRIVE NORTH MIAMI FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DIRECTOR ELLEN ABRAMSON 2345 MAGNOLIA DRIVE NORTH MIAMI, FL 33181-2224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABRAMSON, IRA JOEL 2345 MAGNOLIA DRIVE NORTH MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TREASURER ELLEN ABRAMSON 2345 MAGNOLIA DRIVE NORTH MIAMI, FL 33181-2224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABRAMSON, HARVEY S 1066 NE 94TH STREET NORTH MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:



ELLEN ABRAMSON 1/08/98 (305) 891-7855

CR2E034 (10/97)