


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90097 029 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 371889</b> 1. Corporation Name <b>BIRD BONANZAS, INC.</b>					
Principal Place of Business 1755 N.E. 127TH ST NORTH MIAMI FL 33181-2518 US			Mailing Address 2345 MAGNOLIA DR NORTH MIAMI FL 33181-2224 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
9. Name and Address of Current Registered Agent <b>ABRAMSON, IRA JOEL</b> <b>2345 MAGNOLIA DRIVE</b> <b>NORTH MIAMI FL 33181</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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, typed or printed name of registered agent and title if applicable		<b>ELLEN ABRAMSON</b> (NOTE: Registered Agent signature required when reinstating)		DATE <b>01/25/99</b>	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>ABRAMSON, IRA JOEL</b> STREET ADDRESS <b>2345 MAGNOLIA DRIVE</b> CITY-ST-ZIP <b>NORTH MIAMI FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>ABRAMSON, ELLEN</b> STREET ADDRESS <b>2345 MAGNOLIA DRIVE</b> CITY-ST-ZIP <b>NORTH MIAMI FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>P</b> <input type="checkbox"/> DELETE NAME <b>ABRAMSON, IRA JOEL</b> STREET ADDRESS <b>2345 MAGNOLIA DRIVE</b> CITY-ST-ZIP <b>NORTH MIAMI FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>VPDT</b> <input type="checkbox"/> DELETE NAME <b>ABRAMSON, ELLEN</b> STREET ADDRESS <b>2345 MAGNOLIA DR</b> CITY-ST-ZIP <b>NORTH MIAMI FL 33181</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

**SIGNATURE:** **ELLEN ABRAMSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/25/99 305-891-7855**

Date

Daytime Phone #

CR2E034 (1/98)