

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 389800 (4)

1. Corporation Name

BONDING CORPORATION OF AMERICA



Principal Place of Business

Mailing Address

**8401 NW 53RD TERRACE
SUITE #111
MIAMI FL 33166**

**8401 NW 53RD TERRACE
SUITE #111
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEITLIN, SAM
8401 NW 53RD TERR. #111
MIAMI FL 33166**

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 the person filing this report

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	SEITLIN, SAM	
3. STREET ADDRESS	8401 NW 53RD TERRACE	
4. CITY, ST, ZIP	MIAMI FL	
1. TITLE	SD	☐ DELETE
2. NAME	GOLD, JACK	
3. STREET ADDRESS	8401 NW 53RD TERR #111	
4. CITY, ST, ZIP	MIAMI FL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 of the corporation, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

I do not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information furnished 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 to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96 305591-7621

CR2E034 (12/95)