

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

AMENDED
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 DEC -7 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 389800 (4)

1. Corporation Name

BONDING CORPORATION OF AMERICA

Principal Place of Business Mailing Address
Suite 111 Suite 111
8401 N.W. 53rd Terrace 8401 N.W. 53rd Terrace
Miami, Florida 33166 Miami, Florida 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 8401 N.W. 53rd Terrace 26 8401 N.W. 53rd Terrace
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 111 27 Suite 111
City & State City & State
23 Miami, Florida 28 Miami, Florida
Zip Zip Country Country
24 33166 25 U.S.A. 29 33166 30 U.S.A.

3. Date incorporated or Qualified
4. FEI Number 10/14/1971
5. Certificate of Status Desired 59 136 3849
6. Election Campaign Financing Trust Fund Contribution \$8.75 Additional Fee Required
7. This corporation owes the current year Intangible Personal Property Tax. \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		1.2 NAME	GREGG A. GOLD
1.3 STREET ADDRESS		1.3 STREET ADDRESS	7765 West 20th Avenue
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Hialeah, Florida 33014
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	000003070080--1
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	-12/14/99--01095--010
3.2 NAME		3.2 NAME	*****61.25 *****61.25
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		6.2 NAME	SP
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT

12/6/1999 1-305-591-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)