

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F19249** (4)

1. Corporation Name:
BONNESS, INC.



Principal Place of Business 1990 SEWARD AVE P O BOX 9140 NAPLES FL 33942-1810 US	Mailing Address 1990 SEWARD AVE P O BOX 9140 NAPLES FL 34101-9140 US
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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
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3. Date Incorporated or Qualified 02/04/1981	3a. Date of Last Report 01/25/1996
4. FEI Number 59-2055219	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAILIE, KATHLEEN M. 1990 SEWARD AVE NAPLES FL 33942	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	KOCSES, EILEEN M
STREET ADDRESS	5080 8TH AVE. S.W.
CITY - ST - ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BONNESS, JOS D III
STREET ADDRESS	6830 SANDALWOOD LN
CITY - ST - ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BONNESS, PATRICE
STREET ADDRESS	1555 IXORA DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	KELLY, MARGARET M
STREET ADDRESS	6831 SANDALWOOD LN
CITY - ST - ZIP	NAPLES FL
TITLE	PDC <input type="checkbox"/> DELETE
NAME	BAILIE, KATHLEEN M
STREET ADDRESS	102 SHARWOOD DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BONNESS, SHARON
STREET ADDRESS	1555 IXORA DRIVE
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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 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.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4/30/97 (941) 597-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-month-year

CR2E034 (9/96)