

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F77735 (1)**

1. Corporation Name  
**BONNIE Y. MA, P.A.**



Principal Place of Business: **2530 N. POWERLINE RD. #401 POMPANO BEACH FL 33069**  
Mailing Address: **2530 N. POWERLINE RD. #401 POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified: **04/26/1982**  
3a. Date of Last Report: **03/27/1995**  
4. FEI Number: **59-2183816**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **25** Country: **29** Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent  
**MA, BONNIE Y.  
9236 SOUTHAMPTON PLACE  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent  
81 Name: **Bonnie Y Lau**  
82 Street Address (P.O. Box Number is Not Acceptable): **4000 S Ocean Blvd., PH 601**  
83  
84 City: **Palm Beach** FL 85 Zip Code: **33480**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and, if applicable, (b)(1) Registered Agent Signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MA, BONNIE Y.</b>	
STREET ADDRESS	<b>9236 SOUTHAMPTON PLACE</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Bonnie Y Lau</b>	
13 STREET ADDRESS	<b>4000 S Ocean Blvd., PH 601</b>	
14 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>	
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bonnie Y Lau **Bonnie Y Lau** 4/4/96 (954) 974-7925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)