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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98

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STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # F95000003102 (9)

BONANO ENVIRONMENTAL TECHNICAL ASSOCIATES, INC.

Principal Place of Business Mailing Address 4165 MOCKINGBIRD DR. 4165 MOCKINGBIRD DR. MELBOURNE FL 82934 MELBOURNE FL 32934 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 85-0408713 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 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 d applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE PCTD BONANO, EVARISTO J 1.2 NAME NAME 6613 ESTHER NE STREET ADDRESS 1.3 STREET ADDRESS **ALBUQUERQUE NM 87109** CITY-ST-ZIP 1.4 City - ST- ZIP Change Addition DELETE 2.1 TITLE TITLE **B**onano, nilsa e 2.2 NAME NAME STREET ADDRESS **8**613 ESTHER NE 2.3 STREET ADDRESS ALBUQUERQUE NM 87109 CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE TITLE 3.1 TITLE GABALDON, DANIEL S **3.2 NAME 5008 CORDONIZ NW** STREET ADDRESS 3.3 STREET ADDRESS ALBUQUERQUE NM 87120 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

14. Thereby 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 an attachment without address. 1./15/00

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP