## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BONITA	A GROVES, INC.					
Principal Place	e of Business	Mailing Address			-{	A MINNI BYNEF NI NI NI NI NI BYBYN MINNI YBDA
1586 GRANTHAM DR WESST PALM BEACH FL 33414		1586 GRANTHAM DR Wesst Palm Beach Fi	∟ 33414		DO NOT WRITE	MITHIC CDACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
					1	1 ·
2. Principal Place of Business		2a. Mailing Address			<b>08/25/1983 4.</b> FEI Number	1 05/01/1996 Applied For
<del></del>		26			Not Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2325132	CO 75 Laterant	
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	<u> </u>		8. This corporation owes or has pa	id the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Re	gistered Agent
PE	RALES, JESUS M		81	Name		
	36 GRANTHAMM DR.		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)
WEST PALM BEACH FL 33414						
			83			
			84	City		85 Zip Code
				•		FL I I
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above-r authorized by the lorida Statutes.	named corpo he corporati	oration submits this statement for the p on's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable (NO	TE: Registered Agent	signature require	ed when reinstating)	DATE
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	Þ	☐ DELETE	1.1 TITLE			Change 🔲 Addition
NAME	PERALES, JESUS M.		1.2 NAME			
STREET ADDRESS	1586 GRANTHAM DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP			
THLE	AS	☐ DELETE	2.1 TITLE			Change Addition
NAME	CALVERT, STEPHEN B		2 2 NAME			
STREET ADDRESS	578 PALM BCH ROAD	235		ODRESS		
CITY-ST-ZIP	STUART FL			ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE			Change Addition
NAMÉ	PERALES, MARIA		3.2 NAME			
STREET ADDRESS	1586 GRANTHAM DR		3.3 STREET AL	DDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL			ZIP		Observe
TITLE	I	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	PERALES, RICHARD J.		4. 2 NAME			
STREET ADDRESS	1586 GRANTHAM DR.		4.3 STREET AL	1		
CITY-ST-ZIP	WEST PALM BEACH FL	DELETE	4.4 CITY - ST -	ZIP		Change Addition
TITLE		1 1 1161 6 16	5.1 TITLE	- 1		C cuspille S Moniton
NAMÉ		C occur		j		
	1	<u> </u>	5.2 NAME			
STREET ADDRESS		O otten	5.3 STREET AL	1		
STREET ADORESS CITY-ST-ZIP			5.3 STREET AI 5.4 CITY-ST-	1		Channe Addition
STREET ADORESS CITY-ST-ZIP TITLE		☐ DELETE	5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE	1		Change Addition
STREET ADORESS CITY-ST-ZIP TITLE NAME			5.3 STREET AI 5.4 CITY - ST - 6.1 TITLE 6.2 NAME	ZIP		Change Addition
STREET ADORESS CITY-ST-ZIP TITLE			5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE	DORESS		☐ Change ☐ Addition

My for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the is fue and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the information supplied with this information indicated on this innual report or supplied in I am an officer or director of the corp ration or the received appears in Block 12 or Block 13 if cylinggy or on an attention of the control of the contr

**FILED** 

Aug 28 1997 8:00am

Secretary of State