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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am **Secretary of State**

	1999	DIVISION O	F CORPORATIONS	1	
	UMENT # J87377 ation Name BON ENTERPRISES, INC.	7	, .	02-17-1999 90013 003 ***	150.00
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Principal P	lace of Business	Mailing Address			
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	BEACH FL 33441	1617 SE 4TH STREET DEERFIELD BEACH FL 3	23441		
		022.0.7029 027,011 12 0		DO NOT WRITE IN T	THIS SPACE
				3. Date Incorporated or Qualifed	
2. Principa	Il Place of Business	2- Molling Address	• •	08/14/1987	
21	and the state of t	2a. Mailing Address		4. FEI Number	Applied For
	pt. #, etc.	Suite, Apt. #, etc.		59-2841837	Not Applicable
22		27		5. Certifcate of Status Desired	\$8.75 Additional
City & S	itate	City & State	-	6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25 25 C	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	red Agent
GL	JSHUE, FRED		81 Name		
	17 SE 4TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	"- "
ne ne	ERFIELD BEACH FL 33441		83	20 10 10 10 10 10 10 10 10 10 10 10 10 10	
DE			00 }		网络克利塞西托克斯 医外沟重性病院
UC			1 1	· · · · · · · · · · · · · · · · · · ·	國際計劃 訊問 海绵病医腺科
			84 City		- 85 Zip Code
11. Pursuar	nt to the provisions of Sections 607.050	02 and 607.1508, Florida Statu		Progration submitted this statement for the	· L
11. Pursuar	nt to the provisions of Sections 607.056 r registered agent, or both, in the State am familiar with, and accept the oblige	02 and 607.1508, Florida Statu e of Florida. Such change was a ations of. Section 607.0505 Fl	ites, the above-named corp	poration submits this statement for the purpose iton's board of directors. I hereby accept the ap	· L
11. Pursuar	and lamiliar with, and accept the obliga	ations of, Section 607.0505, Flo	ites, the above-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	· L
11. Pursuar office of agent. I SIGNATURI	E Signature, typed or printed name of registered age	ations of, Section 607.0505, Florent and title if applicable. (NOTI	ites, the above-named corp	ed when reinstating) - DATE	of changing its registered pointment as registered
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14. I hereby certify that the information supplied with this filling 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE	SIGNATUR	Ę
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