


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90096 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K37553					
1. Corporation Name BON-BAR LEASING, INC.					
Principal Place of Business 10806 US HWY 19 SUITE 101 PORT RICHEY FL 34668 US			Mailing Address 10806 US HWY 19 SUITE 101 PORT RICHEY FL 34668 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/07/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2915288	
24		25		29	
26		27		28	
29		30		31	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
STEIN STEPHEN E 10806 US HWY 19 STE 101 PT RICHEY FL 34668			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME STEIN, STEPHEN E.					
1.3 STREET ADDRESS 5315 WEST SHORE DR					
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME STEIN, STEPHEN E					
2.3 STREET ADDRESS 5315 WEST SHORE DR					
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
10/07/1988	
4. FEI Number	Applied For
59-2915288	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/89 (727) 863 2497

CR2E034 (11/98)