

1-23-97 B-0597 -C

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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K76649 (8)

1. Corporation Name
BUNNICO CORPORATION

Principal Place of Business
2699 S. BAYSHORE DRIVE
SUITE 300 D
MIAMI FL 33133

Mailing Address
2699 S. BAYSHORE DRIVE
SUITE 300 D
MIAMI FL 33133-5492



3. Date Incorporated or Qualified 03/30/1983
3a. Date of Last Ren 01/13/97

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 65-0116152
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHRMAN, JEFFREY E.
2699 SOUTH BAYSHORE DRIVE
SUITE 300D
COCONUT GROVE FL 33133

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELET
	LEHRMAN, JEFFREY E.	<input type="checkbox"/>
STREET ADDRESS	2699 S BAYSHORE DR. #300D	
CITY - ST - ZIP	MIAMI FL	
TITLE	NAME	DELET
		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	DELET
		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	DELET
		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	DELET
		<input type="checkbox"/>
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
	President			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	RONALD J. LEHRMAN				
	450 E 152nd ST				
	NEW YORK, NY 10022				
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby 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, changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: RONALD J. LEHRMAN PRES. 1/17/97

CR2E034 (9/96)