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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11009

(2)

**BONNIE SCHMIDT & ASSOCIATES, INC.** 

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place						-   1   1007    101   1700   1704   1704   1804   1904   1704   1704   1704   1704   1704   1704   1704   1704	BANKI BARI BARI BIDI INDI
,	e of Business	Mailing Address				A AMERICAN MAN AND AND AND AND AND AND AND AND AND A	***** Br#11 *10/1 B1#11 794\$
862 GAZELL 1		B62 GAZELL TRAIL	00700			<u> </u>	
WINTER SPRINGS FL 32708		WINTER SPRINGS FL 32708			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	<del></del>
						08/22/1989	
2. Principal Pl	ace of Business	2s. Mailing Address				4. FEI Number	Applied For
21		26		···	59-2977926	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & State	)	City & State				6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	- C	undry.		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip		intry		8. This corporation owes or has paid the curr	
<u> </u>	25 Name and Address of Current	29    Registered Agent	30	1		Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes No
EV//	NS, BONITA S	Alloto on Whole		81	Name	10. HOURS BITH WORLDOO OF ISOM DORIGIONS	aguill.
			Ш				
	: Gazell trail Iter springs fl 32708		•	82	Street Addre	ss (P.O. Box Number is Not Acceptable)	
4410	HER OF HINGS PL 32/10			83			
	ÿ		!				
	en e			84	City	FL	85 Zip Code
11. Pursuant t	o the provisions of Soctions 607 0500	and 607 1508 Florida Sta	lutes the et	hove-	named corpo	ration submits this statement for the purpose of	L   changing its registered
office or re	edistered agent, or both, in the State of	of Florida. Such change wa	is authorized	d by t	the corporation	on's board of directors. I hereby accept the appoint	ointment as registered
-	n familiar with, and accept the obliga	,2020,700 noipose, to anoip	riorida Stat	wies.			
SIGNATURE	Signature, typed or printed name of egation o acien	Land the itapplicable (IN	O1E: Registere	d Agerl	Laignature required	d when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ OELETE	1.1 TF	TLF		·	Change Addition
NAME	EVANS, BONITA SCHMIDT		1.2 N/	AME	}		
STREET ADDRESS	862 GAZELL TR		1.3 \$1	IREET A	NDDRESS		
CFTY-ST-ZIP	WINTER SPRINGS FL 32708			ITY-ST-			
					<del></del>		
TITLE		DELETE	2.1 10	TLF	J		Change Addition
TITLE NAME		DELETE					Change Addition
ſ		DELETE	2.1 TF 2.2 NA	AME	ADDRESS		Change Addition
NAME Street address		☐ DELETE	2.1 11 2.2 NA 2.3 ST	ame Treet a			Change Addition
NAME		☐ DELETE	2.1 11 2.2 NA 2.3 ST	AME TREET A			Change Addition
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NAME STREET ADDRESS CITY-S1-ZIP TITLE			2.1 11' 2.2 NA 2.3 S1 2.4 C 3.1 Tt' 3.2 NA	AME TREET A STY-ST TLE AME			
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NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ DELETE	21 11 22 NA 23 ST 2 4 C 31 Ti 32 NA 33 ST 34 C	AME TREET A STY-ST TLE AME TREET A STY-ST	-ZIP		Change Addition
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NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	21 II 22 N/2 23 ST 2 4 C 31 TC 32 N/2 33 ST 34 CC 41 TC 4.2 N/2 4.3 ST 4.4 CC 5.1 TC 5.2 N/2 5.3 ST 5.4 CC 6.1 TC	AME TREET A THY-ST TLE AME TREET A THE	LODRESS ZIP LODRESS ZIP LODRESS ZIP LODRESS		☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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• Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this annual report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 on an attachment with an address.

SIGNATURE - SALWELLE

Bonita S. Evans

4/10/98

407 699 6483