

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1994 1995



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

ST JULY - 1 PM 12:01

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DO NOT WRITE IN THIS SPACE

1. Corporation Name BONSTEEL COMMUNITY INVOLVEMENT & IMPROVEMENT CORPORATION	DOCUMENT # L72343 (1)
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Mailing Address 450 NORTHWEST 20TH AVENUE FT LAUDERDALE FL 33311-0746	Principal Place of Business 450 NORTHWEST 20TH AVENUE FT LAUDERDALE FL 33311-0746
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If above addresses are incorrect in any way, file through incorrect information and enter correction below

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 06/10/1993
4. FEI Number 65-0197638	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit Exempt from \$138.75 Supplemental Fee	8. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent TUNNAGE, LEWIS B. 450 N.W. 20TH AVENUE FT. LAUDERDALE FL 33311
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment: NONE. Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS	
11 TITLE	P/D
12 NAME	TUNNAGE, LEWIS B.
13 STREET ADDRESS	450 N.W. 20TH AVE.
14 CITY, ST, ZIP	FT LAUDERDALE FL
21 TITLE	S/T/D
22 NAME	HALL, TERESA T.
23 STREET ADDRESS	450 N.W. 20TH AVE.
24 CITY, ST, ZIP	FT LAUDERDALE FL
31 TITLE	D
32 NAME	HARTON, JOANN
33 STREET ADDRESS	713 N.W. 19TH AVE.
34 CITY, ST, ZIP	FT LAUDERDALE FL
41 TITLE	D
42 NAME	TUNNAGE, DARRYL L.
43 STREET ADDRESS	5961 N.W. 16TH PL #215
44 CITY, ST, ZIP	SUNRISE FL
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	D
32 NAME	Santra Stokes
33 STREET ADDRESS	3811 NW 8th Court
34 CITY, ST, ZIP	Ft. Lauderdale, FL 33311
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I (We) release the Corporation of any liability of any consequence with Sections 119.07(9)(b) as the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning undelivered property imposed by Chapter 717, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee responsible to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addressee.

SIGNATURE: Lewis B. Tunnage Lewis B. Tunnage 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR