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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M35092

1, Corporal on Name

(9)

BONNIE L. RODDENBERRY, P.A.

FILED						
Jan 21 1997 8:00am						
Secretary of State						

Principal Place of Business Mailing Address C/O BONNIE L. RODDENBERRY C/O BONNIE L. RODDENI 14140 S.W. 69TH AVENUE 14140 S.W. 69TH AVENUE			NBERRY UE			
MIAMI FL 33158		MIAMI FL 33158-1316		3. Date Incorporated or Qualified 07/11/1986	3a. Date of Last Report 01/24/1996	
2. Principa	il Prace of Business	2a. Mading Address		4. FEI Number	Applied For	
21		26		59-2696861	Not Applicable	
	pt.#, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & S	State	City & State		e Floring Commiss Floring	Fee Required	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25	29	30	Florida Statutes	Yes X No	
	9. Name and Address of Curr	eni Hegisterea Agent	81 Nar	10. Name and Address of New F	legistered Agent	
	ODDENBERRY, BONNIE L. 4140 S.W. 69TH AVENUE					
	IIAMI FL 33158		82 Stre	et Address (P.O. Box Number is Not Accept	able)	
(VI	11/4/11 1 C 00 100		83			
			84 City		or Zio Codo	
					FL 85 Zip Code	
SIGNATUR	Segretization per deservo de la contradicional de l	ng ril and tide a septemble (N ND DIRECTORS	OTE Registered Agent sign.	ature required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12	
TILLE	PD	DELETE	1 1 TITLE		Change Addition	
NAM:	RODDENBERRY, BONNIE L.		1.2 NAME			
STREET ADDRES	14140 SW 69TH AVE		1.3 STREET ADDRE	SS		
CITY-ST-ZIP TITLE	MIAWI FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRES	35		23 STREET ADDRE	ss		
CHY-ST-7P			2 4 City-St-ZiP			
TITLE		☐ DELETE	3 1 TITLE		Change Addition	
NAME OTREE ARCES			3.2 NAME			
STREET ADORES CITY - ST - ZIP	55		3.3 STREET ADDRE	22		
TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition	
PYA:			4 2 NAME			
STREET ADDRES	SS		4.3 STREET ADDRE	ss		
CITY - S1 - ZIF			4.4 CITY - ST - ZIP			
TITLE		L] DELETE	5 1 TITLE		☐ Change ☐ Addition	
NAME PAGELLAGO: 6			52 NAME			
STREET ADDRES	CC.		5 3 STREET ADDRE	SS		
TITLE		DELETE	54 CHY-ST-ZIP 61 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRES	35		6 3 STREET ADDRE	ss		
CITY - \$1 - 70°			6 4 CHTY-ST-ZIP			
NAME STREET ADDRES OTTY-ST-ZIP 14. I do be enforme I am ar	ereby centry that the information suppleation indicated on this annual report o	ied with this filing does not qua r supplemental annual report is or the receiver or trustee emp	62 NAME 63 STREET ADDRE 64 CITY - SI-ZIP airly for the exemptic s true and accurate to bwered to execute the	n stated in Section 119.07(3)(i), Florida Statu and that my signature shall have the same leg is report as required by Chapter 607, Florida	tes. I further certify that the	

. Roddenherry Bonnie L. Roddenberry 1/13/97

APRINTED NAME OF SIGNING OFFICER A DIRECTOR