


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

FILED

Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M44177** (7)
1. Corporation Name
FRED BUNN ASSOCIATES, INC.

Principal Place of Business C/O FREDERICK STEWART BUNN 6451 EAST ROGERS CIRCLE, SUITE 10 BOCA RATON FL 33487	Mailing Address C/O FREDERICK STEWART BUNN 6451 EAST ROGERS CIRCLE, SUITE 10 BOCA RATON FL 33487
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10018 SPANISH ISLES BLVD. Suite, Apt. #, etc. 22 22 A City & State 23 BOCA RATON, FL Zip 24 33498		2a. Mailing Address 26 10018 SPANISH ISLES BLVD. Suite, Apt. #, etc. 27 22 A City & State 28 BOCA RATON, FL Zip 29 33498 Country 30 PALMBEACH		3. Date Incorporated or Qualified 12/31/1986	
		4. FEI Number 59-2750488		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BUNN, FREDERICK STEWART 6451 E ROGERS CIRCLE SUITE #10 BOCA RATON FL 33487				10. Name and Address of New Registered Agent 81 Name FREDERICK STEWART BUNN 82 Street Address (P.O. Box Number is Not Acceptable) 10018 SPANISH ISLES BLVD. 83 SUITE 22 A 84 City BOCA RATON FL 85 Zip Code 33498	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, FREDERICK STEWART	1.2 NAME	
STREET ADDRESS	22087 GRENWICH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, FREDERICK H.	2.2 NAME	
STREET ADDRESS	12970 ST ROAD #7	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, KATHLEEN H.	3.2 NAME	
STREET ADDRESS	22087 GRENWICH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:  **STEWART BUNN**

4-13-98 561-483-5516

CR2E034 (10/97)