

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M87018** (1)

1. Corporation Name

CB BOVENKAMP, INC.

FILED
Feb 13, 1996 08:00 AM
Secretary of State



Principal Place of Business
**16131 S.W. 104TH AVE.
MIAMI FL 33157**

Mailing Address
**16131 S.W. 104TH AVE.
MIAMI FL 33157**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

**CRISONINO, RICHARD A.
1040 SW 27TH AVE.
MIAMI FL 33135**

3. Date Incorporated or Qualified

06/20/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0063525

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**

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

10. Name and Address of New Registered Agent

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 607.1506, 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 of the person authorized to change the registered office or agent

Signature of the person authorized to change the registered office or agent

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **BOVENKAMP, GERALD**
STREET ADDRESS **16131 S.W. 104TH AVE.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **PD** ☒ Change ☐ Addition
2 NAME **ESTHER BOVENKAMP**
3 STREET ADDRESS **16131 S.W. 104TH AVE.**
4 CITY-STATE-ZIP **MIAMI, FL. 33157**

5 TITLE ☐ Change ☐ Addition
6 NAME
7 STREET ADDRESS
8 CITY-STATE-ZIP

9 TITLE ☐ Change ☐ Addition
10 NAME
11 STREET ADDRESS
12 CITY-STATE-ZIP

13 TITLE ☐ Change ☐ Addition
14 NAME
15 STREET ADDRESS
16 CITY-STATE-ZIP

17 TITLE ☐ Change ☐ Addition
18 NAME
19 STREET ADDRESS
20 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Esther Bovenkamp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Esther Bovenkamp

2-8-96

305-233-4438

CR2E034 (12/95)