

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 30, 1999 8:00am**  
**Secretary of State**

01-30-1999 90007 037 \*\*\*\*158.75

**DOCUMENT # M87018**

1. Corporation Name  
**CB BOVENKAMP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

9000 SW 152ND ST  
206  
MIAMI FL 33157  
US

Mailing Address

9000 SW 152ND ST  
206  
MIAMI FL 33157  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

06/20/1988

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 owes the current year intangible  
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

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

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 607.1508, 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

OFFICERS AND DIRECTORS

12. TITLE

PD  
BOVENKAMP, GERALD  
16131 SW 104TH AVE  
MIAMI FL

DELETE

13. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

14. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

15. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

16. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

17. TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD BOVENKAMP 1-15-99 (305) 233-4438

Date

Daytime Phone #

CR2E034 (11/98)