

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90002 001 ****70.00

DOCUMENT # N47834

1. Corporation Name
BON BERGER, INC.

Principal Place of Business
**140 NE 56TH COURT
FT LAUDERDALE FL 33334
US**

Mailing Address
**140 N.E. 56 CT.
FORT LAUDERDALE FL 33334**



2. Principal Place of Business

21 **140 N.E. 56 court**

2a. Mailing Address

26 **140 N.E. 56 court**

3. Date Incorporated or Qualified

03/12/1992

4. FEI Number

65-0326385

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

City & State

23 **Fort Laud, Fla**

City & State

28 **Fort Lauderdale, Fla**

Zip

24 **33334**

Country

25 **U.S.A**

Zip

29 **33334**

Country

30 **U.S.A**

9. Name and Address of Current Registered Agent

**DONJOIE, JOCELYN E
140 N.E. 56 COURT
FT LAUDERDALE FL 33334**

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 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 617.0503, 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

TITLE **D** ☐ DELETE

NAME **DONJOIE, JOCELYN E**

STREET ADDRESS **3613 SW 14TH ST**

CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE

NAME **VOLMAR, MONTCLAIR**

STREET ADDRESS **242 NW 43RD CT**

CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ DELETE

NAME **JEAN, WANDA**

STREET ADDRESS **3604 SW 13TH CT.**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5-4-99

954-772-9145

Date

Daytime Phone #

CR2E037 (11/98)