

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002030**

1. Corporation Name
BONK, Inc.

Principal Place of Business Mailing Address **SAME**
215 1/2 W. COMANCHE AVE
Tampa, FL 33604

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	APRIL 21, 1994	JULY 15, 1996
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-3270062	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30	<input type="checkbox"/>	
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COREY JANE HOLT	81 Name
215 1/2 W. COMANCHE AVE.	82 Street Address (P.O. Box Number is Not Acceptable)
Tampa, FL 33604	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	P/D PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	PAUL RELLER (D)
STREET ADDRESS		1.3 STREET ADDRESS	305 1/2 CLIFTON AVE.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V/D VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	ROBERT CONSTABLE (D)
STREET ADDRESS		2.3 STREET ADDRESS	4504 20th ST. W. #A
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	COREY HOLT (D)
STREET ADDRESS		3.3 STREET ADDRESS	215 1/2 W. COMANCHE AVE.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	NANCY ROSA (D)
STREET ADDRESS		4.3 STREET ADDRESS	5608 N. SEMINOLE Apt. C
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33604
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S/D SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	DAVID ROGERS (D)
STREET ADDRESS		5.3 STREET ADDRESS	4504 20th ST. W. #A
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	900002215329 CS
STREET ADDRESS		6.3 STREET ADDRESS	-06/18/97--01008--031
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***\$1.25 6/17/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE: **COREY HOLT** **COREY HOLT** **5/15/97** **(813) 237-3901**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)