

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002030 (4)**  
1. Corporation Name  
**BONK, INC.**



Principal Place of Business <b>215 1/2 W. CAMANCHE TAMPA FL 33604</b>	Mailing Address <b>215 1/2 W. CAMANCHE TAMPA FL 33604</b>
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3. Date Incorporated or Qualified  
**04/21/1994**

4. FEI Number  
**59-3270062**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**HOLT, COREY J**  
**215 1/2 W. COMANCHE**  
**TAMPA FL 33604**

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 *Corey Holt* **COREY HOLT** **VICE PRESIDENT** **1/26/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RELLER, PAUL	
STREET ADDRESS	305 1/2 CLIFTON AVE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONSTABLE, ROBERT	
STREET ADDRESS	4504 20TH STREET W. APT. 4	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLT, COREY	
STREET ADDRESS	215 1/2 WEST COMANCHE	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSA, NANCY	
STREET ADDRESS	5608 N. SEMINOLE APT C	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROGERS, DAVID	
STREET ADDRESS	4504 20TH ST W. #A	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	YD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONSTABLE, ROBERT	
2.3 STREET ADDRESS	904 ALICIA AVE, # 81	
2.4 CITY-ST-ZIP	TAMPA, FL 33604	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRILLHART, TED	
4.3 STREET ADDRESS	4005 OBISPO St. W.	
4.4 CITY-ST-ZIP	TAMPA, FL 33629	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROGERS, DAVID	
5.3 STREET ADDRESS	7006 16th St. N.	
5.4 CITY-ST-ZIP	Tampa, FL 33610	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Corey Holt* **COREY HOLT** **1/26/98 (813) 237-3901**

CFR2E037 (10/97)