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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000005590

1. Corporation Name

CRUISIN KNIGHTS OF BONITA SPRINGS, INC.

Principal Place of Business

26843 OUR COURT
BONITA SPRINGS FL 34135

Mailing Address

26843 OUR COURT
BONITA SPRINGS FL 34135



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
10/02/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNOLLY, ROBERT MR
26843 OUR COURT
BONITA SPRINGS FL 34135

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 *Robert V Connolly*
Signature, typed or printed name of registered agent and title if applicable.

Robert V Connolly
(NOTE: Registered Agent signature required when reinstating)

1-6-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME NOYA, ROY
STREET ADDRESS 5242 28TH PLACE SOUTHWEST
CITY-ST-ZIP GOLDEN GATE FL 34116

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME NOYA, JOYCE
STREET ADDRESS 5242 28TH PLACE SOUTHWEST
CITY-ST-ZIP GOLDEN GATE FL 34116

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME EWELL, BONNIE
STREET ADDRESS 2370 31ST AVENUE NORTHEAST
CITY-ST-ZIP NAPLES FL 34120

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME CONNOLLY, ROBERT V
STREET ADDRESS 26843 OUR COURT
CITY-ST-ZIP BONITA SPRINGS FL 34135

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME CONNOLLY, RUBY K
STREET ADDRESS 26843 OUR COURT
CITY-ST-ZIP BONITA SPRINGS FL 34135

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME EWELL, CHESTER H
STREET ADDRESS 2370 31ST AVENUE NORTHEAST
CITY-ST-ZIP NAPLES FL 34120

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
T
CHRISTINE CARBON
27931 WASHINGTON STSE
Bonita Springs, FL 34135

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: *Robert V Connolly*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 (914) 495-3646
Date Daytime Phone #

CR2E037 (11/98)