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

PROFIT **CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P22918

(7)

BONDY &	& BALES, INC.	` '						
Principal Place of Business Mailing Address								
5955 WINSLOW WHITEHOUSE OH 43571		5955 WINSLOW WHITEHOUSE OH 43571-9642						
						3. Date Incorporated or Qualified	3a. Date of Last R	eport
2 Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			02/09/1989 07/12/1996 4. FEI Number Applied For		
7	ace of Openious	26	<del> </del>			34-1545581	<del> </del>	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75	Additional
12		27					Fee Re	equired
City & State	9	City & State	· ·			6. Election Campaign Financing	\$5.00	
Zip	Country	28 Zip	Gou	intry		Trust Fund Contribution  8 This corporation has liability for		to Fees
2.10	25					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No		
	9. Name and Address of Currer		1001			10. Name and Address of New Re	egistered Agent	
BRUI	NO, ANTHONY J	AL AL INDIAN STATE OF THE STATE		81	Name			
	MAITLAND AVENUE, SUITE 200			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
ALTAMONTE SPRINGS FL 32701				-				
				83				
•			:	84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607 050	32 and 607 1508. Florida Stati	ules the al	L boye	-named corp	oration submits this statement for the	nurgose of changing it	ts registered
office or re	egistered agent, or both, in the State im familiar with, and accept the oblig	o of Florida. Such change was	s authorizer	nd hv	the corporati	ion's board of directors. Thereby acce	pt the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag-	eet end title if annlinghie (NC	OTE Booising	d Ager	of signalure require	ed when reinstaling)	DATE	
12. OFFICERS AND D		<del> </del>	13.	01.9.	III dogo oro	ADDITIONS/CHANGES TO OFFI		RS IN 12
TITLE	P DELETE		1/1 1/	TLE			Change	Addition
NAME	BONDY, DAVID A	1)		12 NAME				
STREET ADDRESS	6670 EMBASSY COURT			1,3 STHEET ADDRESS				
CITY-ST-ZIP	MAUMEE OH 43537		1/4 CITY-ST-ZIP		1 - ZIP		Change	Addition
TITLE '	V DALES MILLIAM T	☐ DELETE	2i2 NAME				Orlango	Audino
NAME STREET ADDRESS	BALES, WILLIAM T 5955 WINSLOW			2/3 STREET ADDRESS				
CITY-ST-ZIP	WHITEHOUSE OH 43571			2. 4 CITY-ST-ZIP				
TITLE	DELE		3,111				Change	☐ Addition
NAME			3,2 N	AME				
STREET ADDRESS			3,3 S	TREET.	ADDRESS			
CITY-ST-ZIP			3,4. CITY - ST - ZIP		iT-ZIP			1714200
TITLE	L_J DELETE			4,1 TITLE 4,2 NAME			Change	Addition
NAME					ADDDCCC			
STREET ADDRESS			1		ADDRESS 1. 7 P			
TITLE	######################################			4 CITY-ST-ZIP 1 TITLE			Change	Addition
NAME			5,2 N					
STREET ADDRESS			5,3 S	TREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		5 4 C	TY-S	T-7IP			
TITLE		DELETE	61 TI	ITLE			Change	Addition
NAME			6 2 N	IAME				
STREET ADDRESS			635	TREET	ADDRESS			
CITY-ST-ZIP	by earlier that the information cumplic	ad with this filing door not aw		HY-S		d in Section 119.07(3)(i), Florida Statut	es. I further certify that	t the
informatio	on indicated on this annual report or	supplemental annual report is or the receiver or trustee empo	s true and a owered to e	<b>SCCU</b>	urate and that	my signature shall have the same leg it as required by Chapter 607, Florida	ial effect as it madé un	nder oalh: Ihal

**FILED** 

May 16 1997 8:00am

Secretary of State