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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000018656

1. Corporation Name

BONO'S AT SAN PABLO ROAD, INC.

						(8)	.1110 0111 1001
Principal Place	of Business	Mailing Address					
14444-2 BEACH #307	BLVD .	5730 BOWDEN ROAD #307					
JACKSONVILLE FL 32250			JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE		
US		•			3. Date Incorporated or Qualifed		
	ਝ		٠.	-	03/08/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26 10645 Phillip	s Alm	ihway	59-3175147	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 A	dditional
22		27 Blda 200_			5. Certificate of Status Desired	Fee Rec	quired
City & State	e	City & State	i		6. Election Campaign Financing	\$5.00 1	May Be
23		28 JACKSONVIlle	<u>, F1</u>		Trust Fund Contribution	Added to	Fees
Zip	Country		ountry		8. This corporation owes the current year		_
24	25	29 32256 30	DUVAL		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent	I		10. Name and Address of New Register	ed Agent	
			81 Nam	e			
	NAM, RICHARD A		82 Street Addre		ss (P.O. Box Number is Not Acceptable)		
	BOWDEN ROAD						
#307			83				
j Jack	(SONVILLE FL 32216		84 City			85 Zip C	ode
			84 City		F	:L 3 2 5	000
office or n	egistered agent or both in the Stat	502 and 607.1508, Florida Statutes, the te of Florida. Such change was authorizing gations of, Section 607.0505, Florida Sta	ed by the cor	d corpor poration	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	of changing its r pointment as reg	registered Jistered
SIGNATURE		•					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE: Register	red Agent signatur	e required v			
12.	OFFICERS A	AND DIRECTORS 13	3		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE 1.1	TITLE	D	1 77	Change Change	☐ Addition
NAME	adeeb, Joseph III	1.2	NAME	Adea	eb, Joseph Art Hickory Pl	L. 300	
STREET ADDRESS	5730 BOWDEN RD, #307	1.3	STREET ADDRES	s 106	eb, Joseph # 45 Phillips Highway, BK	7	
CITY+ST-ZIP	JACKSONVILLE FL 32216	1.4	CITY-ST-ZIP	JAC	Ksodville F1 32256		
TITLE	D	☐ DELETE 2.1	TITLE	D		Change	Addition
NAME ~	PUTNAM, RICHARD	2.2	NAME	Put	HAAM, RICHARD 45 Phillips Highway, Bld	200	
STREET ADDRESS	5730 BOWDEN RD, #307	2.3	STREET ADDRES	S 106	45 Phillips Highway, Die	1 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	. 2.4	4 CITY-ST-ZIP	JA	cksody: 11e Fl 32256		
TITLE		☐ DELETE 3.1	TITLE	[•	Change	☐ Addition
NAME		3.2	NAME				
STREET ADDRESS		3.3	STREET ADDRES	is]			
CITY-\$T-ZIP		3.4	. CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE 4.1	TITLE	-		Change	☐ Addition {
NAME		4, 2	2 NAME				
STREET ADDRESS		4.3	STREET ADDRES	is			í
CITY-ST-ZIP		4.4	CITY-ST-ZIP	1			
TITLE			TITLE	1		☐ Change	Addition
NAME .		5.2	NAME				
STREET ADDRESS		5.3	STREET ADDRES	is .	•		
CITY-ST-ZIP		5.4	CITY-ST-ZIP	1			
TITLE	**	☐ DELETE 6.1	TITLE			Change	☐ Addition
NAME		6.2	NAME		•		
STREET ADDRESS		6.3	STREET ADDRES	šS			,

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP