

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000039059 (9)**

1. Corporation Name  
**BONH CORP. OF FLORIDA, INC.**



Principal Place of Business  
**15668 BOTTLEBRUSH CIRCLE  
DELRAY BCH. FL 33484**

Mailing Address  
**15668 BOTTLEBRUSH CIRCLE  
DELRAY BCH. FL 33484**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             | 25      | 29                  | 30      |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/26/1993</b>  | 3a. Date of Last Period<br><b>05/01/1995</b> |
| 4. FEI Number<br><b>65-0485815</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required            |
| 6. Election Campaign Financing<br><input type="checkbox"/>  | \$5.00 May Be<br>Added to Fees               |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**RYDELL, IRWIN G  
15668 BOTTLEBRUSH CIRCLE  
DELRAY BCH. FL 33484**

|    |  |             |
|----|--|-------------|
| 81 | Name   |             |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |             |
| 83 |  |             |
| 84 | City<br><b>FL</b>                                  | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature is required when registering)

DATE

|                            |                          |                   |   |  |
|----------------------------|--------------------------|-------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                          | 13.               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                 |  |
| TITLE                      | NAME                     | 1.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | 15668 BOTTLEBRUSH CIRCLE | 12 NAME           |   |  |
| STREET ADDRESS             | DELRAY BEACH FL 33484    | 13 STREET ADDRESS |   |  |
| CITY-ST-ZIP                |                          | 14 CITY-ST-ZIP    |   |  |
| TITLE                      | NAME                     | 2.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | RYDELL, RITA             | 22 NAME           |   |  |
| STREET ADDRESS             | 15668 BOTTLEBRUSH CIRCLE | 23 STREET ADDRESS |   |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33484    | 24 CITY-ST-ZIP    |   |  |
| TITLE                      | NAME                     | 3.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          | 32 NAME           |   |  |
| STREET ADDRESS             |                          | 33 STREET ADDRESS |   |  |
| CITY-ST-ZIP                |                          | 34 CITY-ST-ZIP    |   |  |
| TITLE                      | NAME                     | 4.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          | 42 NAME           |   |  |
| STREET ADDRESS             |                          | 43 STREET ADDRESS |   |  |
| CITY-ST-ZIP                |                          | 44 CITY-ST-ZIP    |   |  |
| TITLE                      | NAME                     | 5.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          | 52 NAME           |   |  |
| STREET ADDRESS             |                          | 53 STREET ADDRESS |   |  |
| CITY-ST-ZIP                |                          | 54 CITY-ST-ZIP    |   |  |
| TITLE                      | NAME                     | 6.1 TITLE         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                          | 62 NAME           |   |  |
| STREET ADDRESS             |                          | 63 STREET ADDRESS |   |  |
| CITY-ST-ZIP                |                          | 64 CITY-ST-ZIP    |   |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed or on an attachment with an address.

SIGNATURE:

*Irwin G. Rydell*

4/9/96

407-496-7209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)