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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

City & State

P94000066823 (3)

BONNIE LEE OF INDIAN RIVER COUNTY, INC.

Principal Place of Business Mailing Address 1006 EASTER LILY LANE 105 41ST COURT VERO BEACH FL 32963 VERO BEACH FL 32968 3. Date Incorporated or Qualified 3a. Date of Last Report 09/06/1994 03/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 65-0515788 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 \Box 27

City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes 🕅 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KISTLER, JOHN P JR 82 Street Address (P.O. Box Number is Not Acceptable) **105 41ST COURT**

VERO BEACH FL 32968 83 84 City 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. Thereby accept the appointment as registered agent. Lam and accept the obligations of, Section 607,0505, Florida Statutes.

Signature, typed or printed name of registered agont and the it appropriate (NOTE: Ring stored Agent signature required when reinstating-DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 HILLE ☐ Addition Change GIAMBANCO, CROCE NAME 1.2 NAM= 797 13TH AVE STREET ADDRESS 13 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 THUE Change Change ■ Addition GIAMBANCO, BONNIE NAME 2.2 NAME STREET ADDRESS 105 41ST COURT 797 13TH AVENUE 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 24 City-St-ZIP TITLE DELETE 3 1 TIT; F Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY - ST - ZIP 1.TLE DELETE 4.1 TITLE Change ☐ Add/tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY - ST - ZIP 4.4 C/TY - \$1 - 2IP TITLE DELETE 5 1 THEF Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP THILE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY - ST - ZIP

14. I do hereby certify that the information supplied with this fring 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 cather than an officer or director of the corporation or the receiver or frustly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

4-26-96 (407)231-9311

CR2E034 (12/95)

Applied For

\$8.75 Additional

Fee Required

Not Applicable