

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000066823 (3)

1. Corporation Name
BONNIE LEE OF INDIAN RIVER COUNTY, INC.



Principal Place of Business
1006 EASTER LILY LANE
VERO BEACH FL 32963
US

Mailing Address
105 41ST COURT
VERO BEACH FL 32968-2447

3. Date Incorporated or Qualified **09/06/1994** 3a. Date of Last Report **05/01/1996**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
Principal Place of Business		City & State		Country	Mailing Address		City & State		Country	FEI Number	Certificate of Status Desired	Election Campaign Financing Trust Fund Contribution	This corporation has liability for intangible tax under s. 199.032, Florida Statutes
		Vero Beach, Florida		us.	1225 45th Court S.W.		Vero Beach, Florida		us.	65-0515788	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Suite, Apt. #, etc.		Zip			Applied For	\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees
							32968			Not Applicable			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KISTLER, JOHN P JR 105 41ST COURT VERO BEACH FL 32968				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				1225 45th Court S.W.			
				83			
				84	City	85	Zip Code
				Vero Beach, FL		32968	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMBANCO, CROCE		1.2 NAME				
STREET ADDRESS	797 13TH AVE		1.3 STREET ADDRESS				
CITY - ST - ZIP	VERO BEACH FL		1.4 CITY - ST - ZIP				
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIAMBANCO, BONNIE		2.2 NAME				
STREET ADDRESS	797 13TH AVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	VERO BEACH FL		2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: **CROCE** 2-12-97 (561) 231-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)