SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000068628 (4)

1. Corporation Name

BONHAR, INC.

Principal Place of Business	Mailing Address
% KAYE & ROGER PA 1500 W CYPRESS CREEK RD SUITE 207 FT LAUDERDALE FL 33309	% KAYE & ROGER PA 1500 W CYPRESS CREEK RD SUITE 207 FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified: **09/19/1994**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21: 2469 10th Ave. North
22: Suite, Apt #, etc
23: City & State: Lake Worth, FL 33461
24: Zip — 25: Country

2a. Mailing Address
26: 2469 10th Ave. North
27: Suite, Apt #, etc
28: City & State: Lake Worth, FL 33461
29: Zip — 30: Country

4. FEI Number: **65-0570206** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

KAYE & ROGER PA
1500 W CYPRESS CREEK RD SUITE 207
FT LAUDERDALE FL 33309

10. **Name and Address of New Registered Agent**

81 Name: Harvey Sussel
82 Street Address (P.O. Box Number is Not Acceptable): 2469 10th Ave. North
83
84 City: Lake Worth — **FL** — 85 Zip Code: 33461

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: HARVEY SUSSEL (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — [signature] — DATE: 6/24/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SUSSEL, HARVEY	1.2 NAME	Sussel, Harvey
STREET ADDRESS	1500 W CYPRESS CREEK RD SUITE 207	1.3 STREET ADDRESS	8524 Doverbrook Dr.
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SUSSEL, BONNIE	2.2 NAME	Sussel, Bonnie
STREET ADDRESS	1500 W CYPRESS CREEK RD SUITE 207	2.3 STREET ADDRESS	8524 Doverbrook Dr.
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	400001886044 ☐ Change ☐ Addition
NAME		5.2 NAME	-07/08/96--01036--036
STREET ADDRESS		5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition 7-23-96
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Harvey Sussel — 6/13/96 — (561) 964-1773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)