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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000029604 (2) DOCUMENT

BONDATA GROUP LIMITED, INC. Principal Place of Business Mailing Address 10231 METRO PARKWAY 10231 METRO PARKWAY SUITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE FT MYERS FL 33912 FT MYERS FL 33912 3. Date Incorporated or Qualified 04/14/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0562393 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BURNLEY, RANDALL W** 2035 MARAVILLA CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 83 84 City 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 rame of regelered agent and title if applicable. (NCIT) Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition BRUNLEY, RANDALL W. NAME 1.2 NAME BURNLEY 2035 MARAVILLA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY - ST - ZIP 1.4 City-St-ZiP DELETE Addition TITLE 2.1 TiTL€ Change NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY-ST-ZIP DELETE Change Addition 3.1 TITLE THILE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Change Addition DELETE 4.1 THLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TIRE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby cortify 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 of suppliemental 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 trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5 4 CITY-ST-ZIP

6 4 CHTY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

Addilion

FILED

Apr 22 1998 8:00am

Secretary of State