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

CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**1. Corporation Name

City & State

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ZiD

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000049168 (4)

City & State

Zip

BON-AIRE OF LEE COUNTY	Mailing Address				
Principal Place of Business	Mailing Address	T TORELDAY IND EASIER AND FOR THE PORTY OR THE GOVERNMENT OF THE STATE			
15152 FIDDLESTICK BLVD. FORT MYERS FL 33912	15152 FIDDLESTICK BLVD. FORT MYERS FL 33912	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 06/23/1995			
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0591697			
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired			

29 9. Name and Address of Current Registered Agent TROY, BONNINIE L

Country

15152 FIDDLESTICKS BLVD. FT. MYERS FL 33912

ntry	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
в3	
	10-11-10-1

6. Election Campaign Financing

Trust Fund Contribution

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required

\$5.00 May Be

Added to Fees

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

Country

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office or re agent I ar	egistered agent, or both, in the State of Florida. Such chang in familiar with, and accept the obligations of, Section 607.0	ge was authoriz 0505, Florida St	ed by the corp atutes.	poration's board of directors. I hereby accept tr	ie appointment as i	registerea
SIGNATURE .	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registe	red Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 12
TITLE	<b>PSTD</b> DEL	LETE 1.1	TITLE		☐ Change	Addition
NAME	TROY, BONNIE L	1.2	NAME			
STREET ADDRESS	15152 FIDDLESTICK BLVD.	1.3	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS FL 33912	1.4	CITY-ST-ZIP			
TITLE	DET DET	LETE 2.1	TITLE		☐ Change	Addition
NAME		2.2	NAME			
STREET ADDRESS		2.3	STREET ADDRESS			
CITY-ST-ZIP		2.4	CITY-ST-ZIP			
TITLE	DEL	LETE 3.1	TITLE		Change	Addition
NAME		3.2	NAME			
STREET ADDRESS		3.3	STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			_
TITLE	DEL	LETE 4.1	TITLE		☐ Change	Addition
NAME		4.2	NAME			
STREET ADDRESS		43	STREET ADDRESS			
CITY-ST-ZIP		4.4	CITY-ST-ZIP			
TITLE	□ DEL	LETE 5.1	TITLE		Change	Addition
NAME		5.2	NAME			
STREET ADDRESS		5.3	STREET ADDRESS			
CITY-ST-ZIP			CITY - ST - ZIP			
TITLE	☐ DEL	LETE 6.1	TITLE		Change	Addition
NAME		6.2	NAME			
STREET ADORESS		6.3	STREET ADDRESS			
CITY CT 7ID		6.4	CITY CT TID			

14. I hereby certify that the information supplied with this filling 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:

741-768-5614