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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000087361**

1. Corporation Name

BONJOU	R AND COMPANY, INC.										
Principal Place	e of Business	M:	ailing Address					- 1 10011001 140 16101 01111 00311 01		Attı i <b>şanı</b> ())	(\$ BICR) (\$BI (BB)
140 CHAUCER LANE NORTH LAKE MARY FL 32746			140 CHAUCER LANE NORTH LAKE MARY FL 32746					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed 11/13/1995			
2 Principal P	lace of Business	2a.	Mailing Addres	is		•		4. FEI Number			Applied For
21		26	J.					59-3344276		1	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	5. Certifcate of Status Desired			Additional Required
City & State			City & State					6. Election Campaign Financing		\$5.00	<b>0</b> мау Ве
23			28					Trust Fund Contribution			d to Fees
Zip	Country	— <del> ,</del>	Zip		Country	;		8. This corporation owes the curr	rent year Inta	angible	
24	25	29		30				Personal Property Tax.		Yes	Νο
	9. Name and Address of Curre	nt Regis	tered Agent					10. Name and Address of New	Registered .	Agent	
					81	Nan	18				
BONJOUR, RICHARD L 140 CHAUCER LANE NORTH						Stre	et Addre	ess (P.O. Box Number is Not Accept	able)		
LAKE MARY FL 32746					83			<del>-</del>			
									<del></del>	85 Zip	o Code
					84	City			FL	.   65   24	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florid	da Such change	was autho	rized by	the co	ed corpo erporation	oration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoin	changing in ntment as i	ts registered registered
SIGNATURE								· · · · · · · · · · · · · · · · · · ·	DATE		}
	Signature, typed or printed name of registered a			(NOTE: Reg	stered Ager	nt signatu	re required	when reinstating)  ADDITIONS/CHANGES TO OF		ID DIRECT	ORS IN 12
12.	PD OFFICERS A	NO DIKE	DEL	FTF	1.1 TITLE		Τ-	ADDITIONS/CHANGES TO CI	TIOLING AIR	Change	
TITLE	· <del>-</del> .				1.2 NAME						_
NAME	BONJOUR, RICHARD L   140 CHAUCER LANE NORTH				1.3 STREE	T A D D D C					
STREET ADDRESS	LAKE MARY FL 32746						<sup>33</sup>				Ì
CITY-ST-ZIP	VSTD		☐ DEI	.ETE	1.4 CITY-S 2.1 TITLE	1-4IP	_			Change	e Addition
NAME	BONJOUR, DEBORAH L				2.2 NAME						
STREET ADDRESS	140 CHAUCER LANE NORTH	İ			2.3 STREE	TADDRE	ss				į
CITY-ST-ZIP	LAKE MARY FL 32746				2. 4 CITY-5	ST-ZIP			· · ·	<del>-</del>	
TITLE		,	☐ DEL	.ETE	3.1 TITLE					Change	e
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	TADDRE	SS				
CITY-ST-ZIP					3.4. CITY-	ST-ZIP					
TITLE			☐ DEI	.ETE	4.1 TITLE					Change	e Addition
NAME	•				4. 2 NAME						
STREET ADDRESS					4.3 STREE	TADDRE	SS				}
CITY-ST-ZIP					4.4 CITY-S	T-ZIP		,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		[7 Chara	e 🗍 Addition
TITLE			☐ DEL	.EIE	5.1 TITLE					Change	2 Manufold
NAME					5.2 NAME	T 4000-					į
STREET ADDRESS				ł	5.3 STREE		33				
CITY-ST-ZIP			□ DEL	ETE -	5.4 CITY+S 6,1 TITLE	N-21P				Change	e Addition
TITLE				ETE	62 NAME						

14. I hereby certify that the information supplies 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 supplies 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 of 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 on one attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90061 034 \*\*\*150.00