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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1

P96000003542 (3)

BON BON, INC.

FILED Apr 30 1998 8:00am Secretary of State

| | | | | | | | I LOBINDBI NIO KRINO BENIN DANN DRAN ODINA BORIE DENED ERIOF BERKE GENER INDI 1981 | | |
|---|---|------------|----|---|---------------|--|--|--|--|
| Principal Place of Business Mailing Address | | | | | | | | . Leavidde tid torio bain obin obin obin obin obin obin obin ob | |
| | BON BON INC 423 Unit 3 Duyal St Key West Fl 33040 | | | BON BON INC 423 Unit 3 Duval St Key West FL 33040 | | | DO NOT WRITE IN THIS SPACE | | |
| U\$ | | | | US | | | | 3. Date Incorporated or Qualified 01/11/1996 | |
| 2 | 2. Principal Place of Business | | | a, Mailing Address | | | | 4, FEI Number Applied For | |
| 21 | | | 26 | | | | | 65-0634824 Not Applicable | |
| 22 | Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Section Fee Required | |
| 23 | City & State | | | City & State 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| 24 | Zip | Country 25 | 29 | Zip | Country 30 | | | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | |
| g. Name and Address of Current Registered Agent | | | | | | | 10. Name and Address of New Registered Agent | | |
| BON BON INC 423 UNIT 3 DUVAL ST KEY WEST FL 33040 | | | | | 81 | Name | | | |
| | | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | 83 | | | | |
| | | | | | 84 | City | FL 85 Zip Code | | |
| 11 | 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 Storeture. Ivroid or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition DELETE TITLE 1.1 TITLE BITON, YORAM NAME 1.2 NAME 1211 GRINNEL STREET STREET ADDRESS 1.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 7 ITLE CREWE, GARETH Speeth Crewe NAME 2.2 NAME 711 GEORGIA STREET STREET ADDRESS 2.3 STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. City-St-ZiP DELETE Change TITLE 4.1 TOLE Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

14. I 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 trusted 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.

4-22-95 205 291 Ham