

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 15 1997 8:00 am
Secretary of State

DOCUMENT # P96000038205 (6)

1. Corporation Name
BONA FIDE INC.



Principal Place of Business
8800 49TH STREET NORTH
STE 406-5
PINELLAS PARK FL 34666

Mailing Address
8800 49TH STREET NORTH
STE 406-5
PINELLAS PARK FL 33782-5344

2. Principal Place of Business
21 SAME

2a. Mailing Address
26 SAME

22 Suite, Apt. #, etc. SAME

27 Suite, Apt. #, etc. SAME

23 City & State SAME

28 City & State SAME

24 Zip 33782 25 Country

29 Zip 33782 30 Country

3. Date Incorporated or Qualified
05/03/1996

3a. Date of Last Report

4. FEI Number
59-3375737

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

ZABOLOTNY, STEVE
8800 49TH STREET NORTH
SUITE 406-5
PINELLAS PARK FL 34666

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
NAME BOZENA MICHALEC ☒ DELETE
STREET ADDRESS
CITY- ST- ZIP

1.2 TITLE
NAME BOZENA MICHALEC ☐ DELETE
STREET ADDRESS 12000 4th ST N UNIT 196
CITY- ST- ZIP ST. PETERSBURG, FL 33716

1.3 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1.4 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1.5 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1.6 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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:

Signature and typed or printed name of signing officer or director
BOZENA MICHALEC

4-23-97 (183) 545-1381
Date Daytime Phone #

0364453

CR2E034 (9/96)