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

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an an

FILED PROFIT May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000050021 (0) BONATI INSTITUTE INTERNATIONAL, INC. Principal Place of Business Mailing Address 7315 HUDSON AVENUE 7315 HUDSON AVENUE HUDSON FL 34667 HUDSON FL 34867 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3389079 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZSCHAU, JULIUS J 911 CHESTNUT STREET Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34616** 83 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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1.1 TITLE TITLE DELETE Change Addition BONATI, ALFRED NAME 7315 HUDSON AVENUE STREET ADDRESS 1.3 STREET ADDRESS **HUDSON FL 34667** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change NAME O'RYAN, CECILIA 2.2 NAME 7315 HUDSON AVENUE STREET ADDRESS 2.3 STREET ADDRESS **HUDSON FL 34867** CITY-ST-ZIP 2.4 CITY-ST-ZIP □ DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change 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 #5.4 CITY - ST <u>- ZIP</u> CITY - ST- ZIP

> 6 1 TITLE 6.2 NAME

6.3 STREET ADDRESS 64 City-St-7IP

HARRED O. Bunto

ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information be and accurate and that my signature shall have the same legal effect as if made under oath; that I am an owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Addition