

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000095067 (0)

1. Corporation Name

BONO REALTY, P.A.

Principal Place of Business

6301 N.W. 100TH ST.
OCALA FL 34482-1215

Mailing Address

P.O. BOX 2768
OCALA FL 34478-2768

2. Principal Place of Business

21 6301 NW 100th St

2a. Mailing Address

26 P.O. Box 2768

Suite, Apt. #, etc.

22

27

City & State

23 Ocala Jl.

28 Ocala Jl.

29

City & State

24 Zip 34482

25

Country USA

29 Zip 34478

30

Country USA

9. Name and Address of Current Registered Agent

BONO, LOUISE M
6301 N.W. 100TH STREET
OCALA FL 34482-1215

81

Name

Bono Louise

82

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

6301 NW 100th St.

83

Ocala Jl.

84

City

Ocala Jl.

3a. Date of Last Report

12/01/1996

Applied For

59-3413848

Not Applicable

\$8.75 Additional

Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

Bono Louise

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

6301 NW 100th St.

83 Ocala Jl.

84 City

Ocala Jl.

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:

Signed, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|----------------|---|
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP | 6301 NW 100 ST Ocala, FL 34475 |
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP |
| STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STREET ADDRESS | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP |
| STREET ADDRESS | 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:

Louise M. Bono

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0439177

CR2E034 (9/96)