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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000095069 (6)

1. Corporation Name  
BONAFIDE CONSULTING, INC.



Principal Place of Business  
811 SUNSET DR  
MELBOURNE FL 32935

Mailing Address  
811 SUNSET DR  
MELBOURNE FL 32935-5843

3. Date Incorporated or Qualified  
11/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3411637

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTHRIE, DOLORES M  
811 SUNSET DR  
MELBOURNE FL 32935

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 required to be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD  
NAME DOLORES M GUTHRIE  
STREET ADDRESS 811 SUNSET DR.  
CITY- ST- ZIP MELBOURNE, FL. 32935

DELETE

1.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

2.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

3.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

4.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

5.1 TITLE Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

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: *Dolores M. Guthrie* DOLORES M. GUTHRIE 4-30-97 407-253-8297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)