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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065804 (1)

BONNIE TEMPERLY ASSOC, CONSULTING, INC.

FILED May 21 1998 8:00am Secretary of State

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Principal Place	ddress						OL BUILD LENGT OF HE					
780 NORTHEAST 69TH STREET			780 NORTHEAST 69TH STREET									
			TON FL 33487				DO NOT WAIT	E IN THIS	CDACE			
								DO NOT WRIT		SPACE		ח
								07/30/1997_				1
2. Principal Place of Business 2a.				. Mailing Address				4. FEI Number Applied For				\dashv
21			26					65-0770961			t Applicable	-
Suite, Apt. #, etc.			Suite, Apt. #, etc.							\$8.75 A		7
22			27					5. Certificate of Status Desired	Ш	Fee Re		
City & State	e		City & S	itate				6. Election Campaign Financing		\$5.00	May Be	1
23			28					Trust Fund Contribution		Added to	o Fees	
Zip Country			Zip Country					8. This corporation owes or has a				
24	25		29		30	1		Personal Property Tax due Jur			No	4
		Address of Current R	egisterea Ag	ent		81	Name	10. Name and Address of New F	edisrelen	Agent		\dashv
AMERILAWYER CHARTERED							- Name					
343 ALMERIA AVENUE					82	Street Add	dress (P.O. Box Number is Not Acceptable)				1	
CO	ral Gables	FL 33134				83						\dashv
	1											
						84	City		FL	85 Zip C	Code	
11. Pursuant I	to the provisions	of Sections 607 0502 a	nd 607-1508	Florida Stati	iles the a	L I bove	-named corr	poration submits this statement for the		of changing its	s registered	\dashv
office or re	egistered agent,	or both, in the State of	Florida Such	change was	authorize	d by	the corpora	tion's board of directors. I hereby acc	ept the ap	pointment as r	registered	
•	m raminar with, a	and accept the doligalio	ns or, acction	607. 0 505, F	ionda Sia	luies						
SIGNATURE	Signature, typnd or pr	nted name of registered agent as	nd for if applicable	(NC	H Registere	d Age	nt signature requi	red when roinstaling)	DATE			
12.		OFFICERS AND F	IRECTORS		13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 12	ے ک
TITLE	PSTD			DELETE	1.1 }	TLE				Change	☐ Addition	
NAME TEMPERLY, BONNIE				1,2 NAME								3
STREET ADDRESS 780 NORTHEAST 69TH STREET					1.3 STREET ADDRESS							Ĺ
CITY-ST-ZIP	BOCA RATI				1.4 CITY - ST - ZIP						_ §	
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NAME			1	precit	4.21					□ Cutange	☐ Yoution	ı
							ADDRESS					
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TITLE				DELETE	5.1 1		1-411			Change	Addition	1
NAME			•		5.2 N					_ •		
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP						TY-51						
TITLE			· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TI					Change	Addition	
NAME					6.2 N							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 C	TY-S	r- ZIP					1
44 Lhornby C	ortify that the inf	lauration engaglood with	thin tilmer descr	exist qualify	for the ev	apant	ion clated in	Section 119 07/3/ii) Florida Statutes	I further c	artify that the	information	٦.

14. Thereby 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 file recover 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 on an attachment with an andress.

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