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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000096316**1. Corporation Name

BONNE CHANCE, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90097 001 ***150.00



11014 ORANGE OCOEE FL 3470		11014 ORANGESHIRE COUR OCOEE FL 34761	11014 ORANGESHIRE COURT OCOEE FL 34761		DO NOT WRITE IN THIS S	PACE		
•					Date Incorporated or Qualified 11/12/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21 26					59-3478052	I N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	•	Additional Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip	Country Zip Cou			v	8. This corporation owes the current year Intan			
24	25	_ -	10	•	Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	gent		
			8	Name				
LOIL, BERTRAND				↓				
11014 ORANGESHIRE COURT OCOEE FL 34761				<u> </u>	Address (P.O. Box Number is Not Acceptable)			
000	EE FL 34/01		8:	3			{	
			8	1	FL		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 ag-			ent signatur	e required when reinstating) DATE	OUDEAT		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D	☐ DELETE	1.1 TITLE		1	Change	Addition)	
NAME	LOIL, BERTRAND	_	1.2 NAME				{	
STREET ADDRESS	11014 ORANGESHIRE COURT	Γ	1.3 STRE	ET ADDRES	S		}	
CITY-ST-ZIP	OCOEE FL 34761		1.4 CITY-			7.05	CT Addition	
TITLE	D	⊠ DELETE	2.1 TITLE			Change	Addition	
NAME	SOROGE, ERIC		2.2 NAME				Ì	
STREET ADDRESS	11014 ORANGESHIRE COURT	Τ	2.3 STRE	ETADDRES	s)		Ì	
CITY-ST-ZIP	OCOEE FL 34761		2.4 CITY	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME			3.2 NAME				- (
STREET ADDRESS			3.3 STRE	ET ADDRES	s		{	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	-	☐ DELETE	4.1 TITLE		1	Change	☐ Addition	
NAME			4. 2 NAM	•			}	
STREET ADDRESS			4.3 STRE	ET ADDRES	s)		ì	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u></u>			
TITLE		☐ DELETE	5.1 TITLE		[Change	☐ Addition	
NAME			5.2 NAME				[
STREET ADDRESS			5.3 STRE	ET ADDRES	s		}	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	1		}	
HTLE		☐ DELETE	6.1 TITLE] Change	☐ Addition	
			6.2 NAME		}		}	
ADDRESS			6.3 STRE	ET ADDRES	s		}	
ST ZIP			6.4 CITY-	ST-ZIP			}	
ia I hereby c	ertify that the information supplied w	vith this filing does not qualify for t	he exemp	tion state	ed 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 attagramment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR