


**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90075 012 \*\*\*150.00

|  |   |   |
|--|---|---|
| <b>PROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # P97000097359**
 1. Corporation Name  
**BONKO, INC.**

## Principal Place of Business

 1683 BEARDELL AVE  
 SUITE 117  
 SANFORD FL 32771  
 US

## Mailing Address

 2571 S SPRING GARDEN AVE  
 DELAND FL 32720  
 US

DO NOT WRITE IN THIS SPACE

|                                |         |                     |                    |  |  |
|--------------------------------|---------|---------------------|--------------------|--|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |                    | 3. Date Incorporated or Qualified  |  |
| 21                             |         | 26                  | 1683 Beardeall Ave | 11/13/1997   |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |                    | 4. FEI Number  |  |
| 22                             |         | 27                  | Unit 117           | 06-1042666   |  |
| City & State                   |         | City & State        |                    | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 23                             |         | 28                  | SANFORD, FL        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                          |  |
| Zip                            | Country | Zip                 | Country            | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24                             |         | 29                  | 32771              | 30 Seminole  |  |

## 9. Name and Address of Current Registered Agent

 WILLS, YVONNIA JANE  
 2571 S SPRING GARDEN RD  
 DELAND FL 32720

*Should  
be same*

## 10. Name and Address of New Registered Agent

|  |                           |
|--|---------------------------|
| 81 Name  | YVONNIA JANE WILLS        |
| 82 Street Address (P.O. Box Number, is Not Acceptable) | 2571 S. Spring Garden Ave |
| 83   |                           |
| 84 City  | DELAND                    |
| 85 Zip Code  | FL 32720                  |

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILLS, YVONNIA JANE               | 1.2 NAME  |   |
| STREET ADDRESS             | 2571 S SPRING GARDEN RD           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELAND FL 32720                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TOMKO, ROBERT RICHARD             | 2.2 NAME  |   |
| STREET ADDRESS             | 2571 S SPRING GARDEN RD           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | DELAND FL 32720                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

Date

407-328-7531

Daytime Phone #

CR2E034 (11/98)