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 # P98000015552 1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90242 043 ***150.00

BONAFIDE BODIES, INC.								
								i i i i i i i i i i i i i i i i i i i
Principal Place	of Business	Mailing Address			- 1			
1719 G CHAPEL TREE CIRCLE 1719 G CHAPEL TREE CIRCLE								
BRANDON FL 33511 BRANDON FL 33511				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	 		
					02/23/1998		•	}
Principal Place of Business 2a. Mailing Address					4. FEI Number		A	pplied For
21 14135. Howard Ave 26							lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional
22 (0) 27						· -		tequired
City & State City & State 23 Tamer FL 28					6. Election Campaign Financing	' _□		May Be to Fees
23 Jan 90	1 parties				Trust Fund Contribution	mont vons Inte		to rees
			Country		This corporation owes the cu Personal Property Tax.	neni year ini	⊒ Yes	₽No
24) 1608	9. Name and Address of Current		"		10. Name and Address of New	Registered A	Agent	
-	3. Hallie Markettado de Sarretta		81	Name				
	ILD, TREVOR		82	Ctroot Ad	Idress (P.O. Box Number is Not Accep	table)		
1719 G CHAPEL TREE CIRCLE			62	Street Au	idless (F.O. Box Nulliber is Not Accep	1	·	
BRA	NDON FL 33511		83		··	٠.		
			84	City		FL	85 Zip	Code
		and 607 1509 Florida Statutas	the show	nomod or	moration submits this statement for th	e numose of	changing it	s registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut	horized by	the corpora	ation's board of directors. I hereby acc	ept the appoin	ntment as i	egistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt signature requ	arred when reinstating)	DATE		
12.					ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECT	ORS IN 2
TITLE		☐ DELETE	1.1 TITLE	1	PIT15		☐ Change	Addition
NAME			1.2 NAME	-	revorbould.			1
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CITY-ST-ZIP		1.4		FADDRESS	1719 6 Chapi Tree Circle			
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		☐ DELETE		T-ZIP	1719 6 Chapl Tree Circle Brandon FL 33511 V Christy Could		Change	Addition
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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: