

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90001 041 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000031926

1. Corporation Name

BONITA VACATIONS & INVESTMENTS, INC.



Principal Place of Business

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1998

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Naples, Florida

Zip

24 34108-2709

Country

25 USA

2a. Mailing Address

26 5801 Pelican Bay Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Naples, Florida

Zip

29 34108-2709

Country

30 USA

9. Name and Address of Current Registered Agent

THOMPSON, STUART A
4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

Dixon F. Miller

82 Street Address (P.O. Box Number is Not Acceptable)

5801 Pelican Bay Blvd.

83

Suite 300

84 City

Naples,

FL

85 Zip Code

34108-2709

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 fully qualified and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Dixon F. Miller

9/7/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/T/D

☐ Change ☒ Addition

1.2 NAME

Heinz Tillmans

1.3 STREET ADDRESS

D-59069 Hamm, Donaueschleife 17, Germany

1.4 CITY-ST-ZIP

2.1 TITLE

V/S/D

☐ Change ☒ Addition

2.2 NAME

Heike Eichenberg

2.3 STREET ADDRESS

D-59069 Hamm, Donaueschleife 17, Germany

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, upon an attachment with an address.

SIGNATURE:

Heinz Tillmans

9-7-99

CR2E034 (5/99)

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