


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90014 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000047884					
1. Corporation Name BONITA COVE, INC.					
Principal Place of Business 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103			Mailing Address 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 05/28/1998					
2. Principal Place of Business 21 Suite, Apt. #, etc.			2a. Mailing Address 26 Suite, Apt. #, etc.		
23 City & State			27 City & State		
24 Zip			29 Zip		
25 Country			30 Country		
9. Name and Address of Current Registered Agent AMBURN, JAMES W 5117 CASTELLO DRIVE SUITE 1 NAPLES FL 34103			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City		
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.			85 Zip Code FL		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE 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, or on an attachment with an address.					
SIGNATURE: <u>James Amburn</u> 7/14/99 <u>James Amburn</u> 941-649-1152 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (5/99)

P98000047884
603119-90012-42

EURO-AMERICAN FINANCIAL SERVICES, IN

JAMES W. AMBURN, President
5117 Castello Dr. Suite 1
Naples, Florida 34103

Florida Department of State
Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

07/15/99


RE: Bonita Cove, Inc.
Document # P98000047884

Dear Sirs:

Please find enclosed the Profit Corporation Annual Report for the above mentioned corporation with a check for \$ 150.00 for the filing fee. We are requesting your special consideration in waiving the penalty as we never received the first notice.

Thank you very much for your consideration.

Yours sincerely,



James W. Amburn

enclosures: Profit Corporation Annual Report
Check # 8067