

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90021 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000102985**

1. Corporation Name
BONAVENTURE INC.



Principal Place of Business Mailing Address
~~7471 W OAKLAND PARK BLVD~~ ~~7471 W OAKLAND PARK BLVD~~
~~LAUDERHILL FL 33019~~ ~~LAUDERHILL FL 33319~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **6861 SW 18th ST.** 26 **6861 SW 18th ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 **BOCA RATON FL.** 28 **BOCA RATON FL.**
 City & State City & State
 24 **33433** 25 **PALM BEACH** 29 **33433** 30 **PALM BEACH**
 Zip Country Zip Country

3. Date Incorporated or Qualified
12/08/1998
 4. FEI Number **65-0885448** 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 Tax. Yes No

9. Name and Address of Current Registered Agent
TITONE, ANTHONY J
7471 W OAKLAND PARK BLVD
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH A. FORGIONE	1.2 NAME	
STREET ADDRESS	13621 WEYBURN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BEACH FL.	1.4 CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHENRY FORGIONE	2.2 NAME	
STREET ADDRESS	13621 WEYBURN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BEACH FL.	2.4 CITY-ST-ZIP	
TITLE	V. PRESIDENT - TRUSTEE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT F. FORGIONE	3.2 NAME	
STREET ADDRESS	13621 WEYBURN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BEACH FL.	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: **Joseph A. Forgione** PRESIDENT Date **581-637-1764** Daytime Phone #

CR2E034 (11/98)