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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS May 15, 1999 8:00 am Secretary of State

05-15-1999 90025 003 \*\*\*150.00

DOCUMENT # : P98000108099 [

BONITA DEVELOPMENT CORPORATION					
Principal Place	e of Business	Mailing Address			
	st Sunrise Blvd.				
Suite 515					
Fort Lauderdale, Florida 33304				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed 12/28/98
2. Principal P	2a. Mailing Address	g Address		4. FEI Number Applied For	
1		26 Post Office P	30x 9	50849	X Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & Stat	е .	City & State			6. Election Campaign Financing \$5.00 May Be
·!			lorid		Trust Fund Contribution Added to Fees
Zip	Country	Zip	_ Count	-	8. This corporation owes the current year Intangible
	25	29 32795-0849 3	<u> </u>	U.S.	Personal Property Tax. Yes XINo
	9. Name and Address of Cur	rrent Registered Agent		1 Name	10. Name and Address of New Registered Agent
*****	OCTION N			Name	
VIHLEN & SILLS, P.A.				2 Street	Address (P.O. Box Number is Not Acceptable)
1173 Spring Centre South Boulevard, Suite C					
Altamon	te Springs, Florid	la 32714		3	
•			8	4 City	FL 85 Zip Code
office or re	egistered agent, or both, in the St	0502 and 607.1508, Florida Statutes ate of Florida. Such change was auth ligations of, Section 607.0505, Florid	orized t	y the corp	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·		ent signature i	equired when reinstaling) DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	_		1.1 TITLE		D,P,S Addition
NAME	rabbara, boayaab o		1.2 NAM		Husband, Douglas J.
STREET ADDRESS	1919 Edge Edge Elicity Edge 519		1.3 STRE	ET ADDRESS	1975 East Sunrise Blvd., Suite 515
CITY-ST-ZIP	-520 20000200020 20000		1.4 CITY		Fort Lauderdale, Florida 33304
TITLE		☐ DELETE	2.1 TITLE		D, VP, T
NAME			2.2 NAM	<b>=</b>	Vihlen, III, Sidney-L.
STREET ADDRESS	TADDRESS		2.3 STREET ADDRESS		1173 Spring Centre South Blvd., Suite C
CITY-ST-ZIP	······································		2.4 CITY		Altamonte Springs, Florida 32714
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAM		-
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAMI		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		C occurr	5.4 CITY		Change Cl Addition
TILE DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY		11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
indicated officer or of	on this annual report or supplemed director of the corporation or the re	Might this filing does not qualify for the ntal annual report is true and accural exciver of trustee empowered to exe trachment with an address, with all of	te and th cute this	at my sign report as	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information atture shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in d.

SIGNATURE:

TICER OF DIRECTOR

(407) 786-2200

CR2E034 (11/98)

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