

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S15513 (2)

1. Corporation Name

BONNIE HILDEBRAND INC.



Principal Place of Business

Mailing Address

6303 POWERLINE RD  
S-6  
FT LAUDERDALE FL 33305  
US

6303 POWERLINE RD  
S6  
FT LAUDERDALE FL 33309  
US

3. Date Incorporated or Qualified  
11/27/1990

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3601 WEST COMMERCIAL BLVD  
Suite, Apt. #, etc.

26 3601 W. COMMERCIAL BLVD  
Suite, Apt. #, etc.

4. FEI Number

65-0233346

Applied For

Not Applicable

22 SUITE # 21

27 SUITE # 21

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23 FT LAUDERDALE, FL  
City & State

28 FT LAUDERDALE, FL  
City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 33309 Zip Country  
25 US

29 33309 Zip Country  
30 US

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILDEBRAND, BONNIE  
1021 MOCKINGBIRD LANE  
PLANTATION FL 33322

81 Name HILDEBRAND, BONNIE

82 Street Address (P.O. Box Number is Not Acceptable)  
1390 S. OCEAN BLVD #5A

83 POMPANO BEACH

84 City FL 85 Zip Code 33062

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HILDEBRAND, BONNIE  
STREET ADDRESS 1021 MOCKINGBIRD LN  
CITY-ST-ZIP PLANTATION FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

12 NAME HILDEBRAND, BONNIE  
13 STREET ADDRESS 1390 S. OCEAN BLVD #5A  
14 CITY-ST-ZIP POMPANO BEACH, FL 33062

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature and typed or printed name of signing officer or director

4/29/96

Date

954-484-5200

Daytime Phone #

CR2E034 (12/95)