

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:10

DOCUMENT # **S48875** (6)

T. Corporate Name

**BONNIE'S SPECIAL OCCASIONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4546 CURRYFORD RD  
ORLANDO FL 32812**

Mailing Address  
**4546 CURRYFORD RD.  
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1991** 3a. Date of Last Report **06/02/1994**

4. FEI Number **59-3074115** Applied For  Not Applicable

5. Certificate of Status (Deemed)  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for alternate tax under S 1361(b)(2) Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

24. Name

25. Title

29. Name

30. Title

**9. Name and Address of Current Registered Agent**

**ISLEY, RANDY  
1247 DUNSANY AVE  
ORLANDO FL 32806**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Applicable)  
83.  
84. City  
85. State **FL**  
86. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and (6) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(2) Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent/Secretary)

(Signature of Registered Agent or Registered Agent/Secretary)

or

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS**

TYPE	NAME	STREET ADDRESS	CITY & STATE
P	ISLEY, BONNIE M.	1247 DUNSANY AVE ORLANDO FL 32806	
V	ISLEY, RANDY	1247 DUNSANY AVE ORLANDO FL 32806	
ST	MARKESTEYN, JOAN	2810 VINE STREET ORLANDO FL 32806	

TYPE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
1				<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>
6				<input type="checkbox"/>	<input type="checkbox"/>
7				<input type="checkbox"/>	<input type="checkbox"/>

14. I, the declarant, certify that the information supplied with this filing is verifiably true and correct, and that I qualify for the exemption stated in Section 139.02(1)(b) Florida Statutes. I further certify that the information submitted on this annual report of supplemental annual reports, fees and an certificate 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 registered office or principal place of business of the corporation as required by Chapter 139 Florida Statutes, and that my name appears in block 12 of this report. That I am not a resident of Florida with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-25-95 467-740511  
DATE