

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

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**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S71124 (9)

1. Corporation Name
J. BONNEN ELEVATOR CONSULTANTS INC.



Principal Place of Business 4101 N OCEAN BLVD #1405 BOCA RATON FL 33431 US	Mailing Address 4101 N OCEAN BLVD #D1405 BOCA RATON FL 33431-5341 US
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3. Date Incorporated or Qualified 08/06/1991	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21 6320 BOCA DEL MAR DR.	2a. Mailing Address 26 6320 BOCA DEL MAR DR.
Suite, Apt. #, etc. #208	Suite, Apt. #, etc. #208
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33433	Country 25 US
Country 29 US	Zip 30 33433

4. FEI Number 65-0278448	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BONNEN, JEROME E.
4101 N OCEAN BLVD #D-1405
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name SAME AGENT
82 Street Address (P.O. Box Number is Not Acceptable) 6320 BOCA DEL MAR DR.
83 #208
84 City SAME
85 Zip Code FL 33433

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

TITLE P	<input type="checkbox"/> DELETE
NAME BONNEN, JEROME E	
STREET ADDRESS 4101 N OCEAN BLVD D-1405	
CITY-ST-ZIP BOCA RATON FL	
TITLE VST	<input type="checkbox"/> DELETE
NAME BONNEN, GENEVA A	
STREET ADDRESS 4101 N OCEAN BLVD D-1405	
CITY-ST-ZIP BOCA RATON FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME SAME	
1.3 STREET ADDRESS 6320 BOCA DEL MAR DR. #208	
1.4 CITY-ST-ZIP BOCA RATON, FL 33433	
2.1 TITLE SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SAME	
2.3 STREET ADDRESS 6320 BOCA DEL MAR DR. #208	
2.4 CITY-ST-ZIP BOCA RATON, FL 33433	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Jerome E. Bonnen **JANUARY 23, 1997** 561-367-0099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)