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

PROFIT
CORPORATION
ANNUAL REPORT
1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V44981

(1)

BONNEVILLE DEVELOPMENT, INC.

FILED
May 16 1997 8:00am
Secretary of State

A KARAK BANDAN DEBUT BURUK DERBA DERBA TIAN BURUK BURUK BERBAT BURUK BURUK BURUK BURUK BURUK BERBAT BURUK BERB

					<u></u>		
Principal Place of Business Mailing Address							
5010 GRAMONT AVENUE ORLANDO FL 32812 US		5010 GRAMONT AVENUE ORLANDO FL 32812-1009 US					
					3. Date Incorporated or Qualified 06/19/1992	3a. Date of Last Report 02/13/1996	
2. Principal Place of Business 2a. Mailing			g Address		4. FEI Number	Applied For	
21		26			59-3135572	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	y	8. This corporation has liability for in		
24	25	29	30			Yes X No	
	9. Name and Address of Cur	rent Registered Agent	81		10. Name and Address of New Reg	pistered Agent	
WILLIAMS, JAMES L.				Name			
5010 GRAMONT AVENUE ORLANDO FL 32812			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)	
V 11.			83	·			
			84	City		85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stat office or registered agent, or both, in the State of Florida. Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, I 				- 1		FL	
SIGNATURE		AND DIRECTORS	NOTE Registered As	yenî signalere requ	uited when roir stating) ADDITIONS/CHANGES TO OFFIC		
TITLE	DVPS DELETE		1.1 TITLE			Change Addition	
NAME	WILLIAMS, JAMES L.		1⊉ NAME				
STREET ADDRESS	5010 GRAMONT AVE.		13 STREE	TADDRESS			
CITY-ST-ZIP	ORLANDO FL		1,4 CITY-	\$1-7IP			
TITLE		☐ DELFTÉ	2171111			Change Addition	
NAME			22 NAME				
STREET ADDRESS				T ADORESS			
CITY-ST-ZIP TITLE		DELETE	2, 4 CITY 3.1 TH LE	- \$1-211,		Change Addition	
NAME		C been	3.2 NAME		4		
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			3,4. CITY				
TOTLE		DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	r l			
STREET ADDRESS			4,3 S1RC	T ADDRESS			
CITY-ST-ZIP			4,4 CITY-	ST-7IP			
TITLE		☐ DELETE	5 1 111LE			Change Addition	
NAME	·		5.2 NAME				
STREET ADDRESS			53 STREE	FT ADDRESS			
CITY-ST-ZIP		····	5,4 CITY				
TITLE		DELETE	6,11(1),6			Change Addition	

14. I do heroby 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.