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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V46121

205 S COURTNEY PKWY #212

MERRITT ISLAND FL

BONIFACE-HIERS BUICK, INC.

(2)

FILED Feb 12 1998 8:00am Secretary of State

0									
Principal Place of Business Mailing Address									
234 EAST MERRITT ISLAND CSWY MERRITT ISLAND FL 32852			234 EAST MERRITT ISLAND CSWY MERRITT ISLAND FL 32852				DO NOT WRITE IN THIS SF	PACE	
							3. Date Incorporated or Qualified	NOL	
2. Principal Place of Business 2			, Mailing Address				06/22/1992 4. FEI Number	-	Applied For
1			.,				59-3128963		Not Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.				4		Additional
عام الم			n ' ' '				5. Certificate of Status Desired	— —	Required
City & State			City & State				Election Campaign Financing	\$5.0	D May Be
3			1				Trust Fund Contribution		to Fees
Zip	Country	28	Zip	Cou	Country		8. This corporation owes or has paid the curre	nt vear I	ntangible
4	25	29		30	JO			Yes	□ No
g, Name and Address of Current Registered Agent					_	-	10. Name and Address of New Registered A	gent	
11, Pursuant office or r	DIALANTIC FL 32903 To the provisions of Sections 607.05 agistered agent, or both, in the Star familiar with, and accept the obli	te of Flori	da. Such change was	authorize	d by	the corpora	FL rporation submits this statement for the purpose of calion's board of directors. I hereby accept the appoi	changing	code its registered is registered
SIGNATURE									
Signature, typed as printed name of registered ago of and tilk if apple able. (NOTE Ringistered 12. OF FICERS AND DIRECTORS 13.					d Age	ent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	DC (N. 12
TITLE	DP COLLEGE	IND DATE	DELETE	1.1 10	TI F	······································		Change	
NAME	BONIFACE, BERNARD R.			1.2 N			•		
STREET ADORESS	234 MERRITT ISLAND CSW	rv				ADDRESS			
	MERRITT ISLAND FL			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DVP DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME	ANTENA A I			2.2 NAME		•			
STREET ADDRESS	AND A SAMPARAME AND ASSESSMENT			2.3 STREET ADDRESS					
AFOOTT IOLAND FI				2.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	ST ST		DELETE	3.1 31		31 - ZIF		Change	Addition
NAME	HINTA NEI			3.2 NAME		•	· · · · · · · · · · · · · · · · · ·		

CITY-ST-ZIP

14. I 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 coepiver 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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELFTE

DELETE

CICALATUDE.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

7/3/98

407-452-1991

Change

Change

Change

Addition

Addition

Addition

R2E034 (10/97)