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

PROFIT CORPORATION **ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V53270

BONI MIKELS, INC.

Principal Place of Business Mailing Address 502 NW 75TH ST. 502 NW 75TH ST. APT. 806 **APT. 306** GAINESVILLE FL 32007 GAINESVILLE FL 32607-1676 3a. Date of Last Report 3. Date Incorporated or Qualified 07/27/1992 04/29/1996 2. Principal Place of Business 4. FEL Number Applied For 2a. Mailing Address 59-3134854 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, L. MICHAEL 502 NW 75TH ST. Street Address (P.O. Box Number is Not Acceptable) **APT. 306** 83 **GAINESVILLE FL 32607** 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 heard of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. HICHAEL JOHUSON vhen reinstateig: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change □ DELETE TITLE 1.1 DILLE JOHNSON, L. MICHAEL 1.2 NAME NAME 502 NW 75TH ST., APT.306 STREET ADDRESS 1.3 STREET ADDRESS Gainesville fl 1.4 CITY - \$1 - ZIP CITY-ST-ZIP BONNIE JOHNSON 500 NW 75 St., #346 Change DELETE TITLE 21101LE NAME LUPTAK, BONNIE 502 NW 75TH ST., APT.306 2.3 \$1REE1 ADDRESS BAINESULLE, FL 32607 STREET ADDRESS **GAINESVILLE FL** 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAMS NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - S1 - ZIF Change Addition DELETE 4.1.711LE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7(P CITY-ST-ZIP Change Addition DELETE 5 1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE G.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP 6.4 CITY - \$1 - 2IP

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 each; 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

ulrulgs

FILED

May 01 1997 8:00am

Secretary of State