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Aug 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 796000051495 1. Corporation Name Bonita Vacations, Inc.			
Principal Place of Business 2409 SW 50th Street Cape Coral, FL 33914		Mailing Address c/o Rolf Patsch 2631 SW 48th Terrace Cape Coral, FL 33914	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
25. Country		30. Country	
g. Name and Address of Current Registered Agent Rolf Patsch 2631 SW 48th Terrace Cape Coral, FL 33914		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. City	
85. Zip Code		85. Zip Code	
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: Rolf O. Patsch NOTE: Registered Agent signature required when reinstating. DATE: 08-21-98			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President NAME: Dieter Barth STREET ADDRESS: 2409 SW 50th Street CITY-ST-ZIP: Cape Coral, FL 33914		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE: NAME: Sabine Barth STREET ADDRESS: 2409 SW 50th Street CITY-ST-ZIP: Cape Coral, FL 33914		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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SIGNATURE: Dieter Barth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Doc. No. Form 1 0008779