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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051495

BONITA VACATIONS, INC.

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Principal Pla	ice of Business	Mailing Address				11111 GEIN BON BON BON BO	1141 41181 IIIII BIBIY	, 19101 517/1591
2409 SW 50TH STREET CAPE CORAL FL 33914		C/O ROLF POTSCH 2634 SW 48TH TERRACE CAPR CORAL FL 33914		00	NOT WRITE IN TH	HIS SDACE		
		CAPH CORAL FL 33914	*		Date Incorporated or		113 SFACE	
					06/14/1996	Qualifed		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			65-0680274		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status I	Desired Sa.75 Additional Fee Required			
City & Sta	ate	City & State			6 Election Campaign F	inancina		<u> </u>
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Žip	Zip Country		This corporation owes the current year Intangible			
24	25	29	30		Personal Property Ta			□No
	9. Name and Address of Curr				10. Name and Address			
				81 Name		· · · · · · · · · · · · · · · · · · ·		
PO	TSCH, ROLF		L.	22 21 11				
2631 VW 48TH TERRACE				82 Street Add	treet Address (P.O. Box Number is Not Acceptable)			
CAI	PE CORAL FL 33914		ļ;	83	* * * * * * * * * * * * * * * * * * *	<u>100 (800 (800 (800 8</u> 101 (880 (800 180 88) 87	in the lost the	19:00 \$10:00
			L		a die file			
		•	1	84 City	4 (A)	in işərə yanışdır. Səd	85 Zip (	Code
11. Pursuan	t to the provisions of Sections 607.0	1502 and 607 1508. Florida Str	atutes the ab	ove-named corr	noration cultimite this stateme	nt for the number	of changing its	rogistored
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta	te of Florida. Such change wa	s authorized	by the corporati	ion's board of directors. I her	eby accept the app	pointment as re	gistered
1	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statut	tes.	•			•
SIGNATURE	Signature, typed or printed name of registered a	and and title if and the later (b)	OTE: Desiring					
12.		AND DIRECTORS	13.	gent signature require	ADDITIONS/CHANGE	DATE S TO OFFICERS	AND DIRECTO	DS IN 12
TITLE	P	DELETE		F		a to off locks	Change	Addition
NAME	BARTH, DIETER		1.2 NAM	1	Fritz-Way 1		change	
STREET ADDRESS	AAAA OM FATH ATDECT							
	CAPE CORAL FL 33914			EET ADDRESS		•		
CITY-ST-ZIP TITLE	D		1.4 CITY					
	BARTH, SABINE		0.4 7171					-
NAME	DANTH, SADINE	☐ DELETE	1	E			☐ Change	Addition
STREET ADDRESS	OAGO CHI FOTH CTDEET	☐ DÉLETE	2.2 NAM	E AE			☐ Change	Addition
		☐ DELETE	2.2 NAM	E			☐ Change	- Addition
CITY-ST-ZIP	2409 SW 50TH STREET CAPE CORAL FL 33914		2.2 NAM 2.3 STRE 2. 4 CITY	E AE EET ADDRESS Y-ST-ZIP			<b>.</b>	: 
TITLE		☐ DELETE	2.2 NAM 2.3 STRE 2. 4 CITY	E AE EET ADDRESS Y-ST-ZIP		~ *	☐ Change	: 
			2.2 NAM 2.3 STRE 2. 4 CITY	E EET ADDRESS Y-ST-ZIP E			<b>.</b>	: 
TITLE	CAPE CORAL FL 33914		2.2 NAM 2.3 STRE 2.4 CIT) 3.1 TITLE 3.2 NAM	E EET ADDRESS Y-ST-ZIP E		# (389) \$ \$49 \$39) 48	<b>.</b>	Addition  Addition
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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 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

Dieter Barte President

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 

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