**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3)355792 BERTELL INC Principal Place of Business Mailing Address 410 GOLDEN ISLES DRIVE APT 209 410 GOLDEN ISLES DRIVE APT 209 HALLANDALE FL 33009-7530 HALLANDALE FL 33009-7530 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/19/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-1547225 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 □ No Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERTELL, ROY C 410 GOLDEN ISLES DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 HALLANDALE FL 33099 83 Zip Code 84 City 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** Signature, typed or proted name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE BERTELL, ROY C NAME 1.2 NAME 410 GOLDEN ISLES DRIVE STREET ADDRESS 1.3 STREET ADDRESS HALLANDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME **GOLD. LESUE** 2.2 NAME STREET ADDRESS 2 MEADOW LANE 2.3 STREET ADDRESS **ROCKVILLE NY** CITY-ST-ZIP 2 4 CITY-ST-7IP Addition DELETE Change TITLE 3 1 TITLE BERTELL, MILDRED 3.2 NAME NAME 410 GOLDEN ISLES DRIVE 3.3 STREET ADDRESS STREET ADDRESS HALLANDALE FL 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

DITY-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 corporation or the recommendation of the corporation or the recommendation of the corporation o

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition