

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

**FILED**  
**Jan 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 541976 (7)**

1. Corporation Name  
**R.A. BERNZOTT & ASSOCIATES, INC.**



Principal Place of Business		Mailing Address	
7066 108 WAY N SEMINOLE FL 34642 <b>6573 19th WAY N.</b>		7066 108 WAY N SEMINOLE FL 34642 <b>6573 19th WAY N.</b>	
<b>ST. PETERSBURG FL 33702</b>		<b>ST. PETERSBURG 33702</b>	

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc.	27	Suite, Apt #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/02/1977**

4. FEI Number  
**59-1767161**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BERNZOTT, ROBERT A.**  
**7066 108TH WAY NORTH**  
**SEMINOLE FL 33542**  
**6573 19th WAY N.**  
**ST. PETERSBURG FLA.**  
**33702**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *Robert A. Bernzott* DATE: **1-21-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERNZOTT, ROBERT A.	
STREET ADDRESS	7066-108TH WAY NORTH	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PRESIDENT ROBERT A. BERNZOTT	<input type="checkbox"/> DELETE
NAME	BERNZOTT, ROBERT A.	
STREET ADDRESS	6573 19th WAY N. ST. PETERSBURG	
CITY-ST-ZIP	33702	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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.

SIGNATURE: *Robert A. Bernzott* DATE: **1-21-98** TELEPHONE: **1-813-527-0715**

CR2E034 (10/97)