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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F93000004509 (6)

RICHARD BERTRAM, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						BBUIL DIOUT GIVIA ODIKO NUKI NOBA
6140 PARKLAND BLVD. P.O. BOX 59-2737 MAYFIELD HEIGHTS OH 44124 MIAMI FL 33159-2737					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified	
					10/07/1993	
2. Principal Place of Business 2. Mailing Address					4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					34-1750306	Not Applicable
22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 23 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Cour	try	B. This corporation owes or has paid the	
24	25		30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent
СТ	CORPORATION SYSTEM		[1	Name		
1200 SOUTH PINE ISLAND ROAD			 	Street Add	ress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		ļ,	33		
			- -	14 City		85 Zip Code
					:	
11. Pursuant t office or ri agent. I ai	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the of	0502 and 607.1508, Florida Statute ate of Florida Such change was a oligations of, Section 607.0505, Flo	es, the ab authorized orida Statu	ove-named corp by the corporates.	poration submits this statement for the purpo tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE					red when reinstating) DA	Tet-
12.	Signature, typed or printed name of registrated OFFICERS	AND DIRECTORS	13.	Agent signature requi	led when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PCD DELETE		1.1 TITE	E I	7,55,110,100,011,110,000,100,100,100,100,	Change Addition
NAME	TOMSICH, ROBERT J	_	1.2 NA			•
STREET ADDRESS	6140 PARKLAND BLVD.			EET ADDRESS		
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44	1124		(-ST-2)P		
TITLE	V DELETE		2.1 7171			☐ Change ☐ Addition
NAME	RZICZNEK, FRANK J 22		2.2 NAJ	AE		
STREET ADDRESS	6140 PARKLAND BLVD.		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	MAYFIELD HEIGHTS OH 44124		2. 4 CIT	Y-ST-ZIP		
TITLE	VST DELETE		3.1 T(T)	E		Change Addition
NAME	NEHRIG, RALPH L		3.2 NA	AE		
STREET ADDRESS	ALLO DADLE TAIR DALE		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	A S A S A S A S A S A S A S A S A S A S		3.4. C(1	Y-ST-21P		<u></u>
TITLE	☐ DELETE		4.1 TITI	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	/-ST-ZIP		
TITLE	☐ DELETE :		5.1 TIT	E		Change Addition
NAME			5.2 NAI	AE		
STREET ADDRESS			5.3 STF	EET ADDRESS		
CITY-ST-ZIP			5.4 CIT	r-ST-ZIP		
TITLE		☐ DELETE	6.1 TITI	£ T		Change Addition
NAME			6.2 NA	AE I		
STREET ADDRESS			6.3 STF	EET ADDRESS		
CITY-ST-ZIP			6.4 CIT	(-\$1-ZIP		

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 changing, or on an attachment with an address.

4/14/98