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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006424 (5)

1. Corporation Name
BERNARDI & ASSOCIATES, INC.



Principal Place of Business: PO BOX 1925 NOGALES AZ 85628
Mailing Address: PO BOX 1925 NOGALES AZ 85628-1925

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: 02/14/1996
4. FEI Number: 86-0271594
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
VAUGHAN, DONNA G
13625 EAGLE RIDGE DR #323
FORT MYERS FL 33912

10. Name and Address of New Registered Agent
81 Name: CHRIS BERNARDI
82 Street Address: 5324-01 SUMRLIN RD.
83 Chris Bernardi
84 City: FT. MYERS FL 85 Zip Code: 33919

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: Chris Bernardi DATE: 2/26/97

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY - ST - ZIP, and a DELETE checkbox. Rows include CP BERNARDI, AL; VTD BERNARDI, JOSEPH F; SD BERNARDI, JOAN M.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY - ST - ZIP, and Change/Addition checkboxes. Rows 1-6.

14. I do 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: [Signature] DATE: 2/7/97 DAYTIME PHONE: 520-291-4011

CR2E034 (9/96)