

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

FILED
Aug 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 86-0271594	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent BERNARDI, CHRIS 5324-01 SUMMLIN RD FT MYERS FL 33919				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	11 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, AL	12 NAME	BERNARDI, AL
STREET ADDRESS	372 RIO RICO DR	13 STREET ADDRESS	372 RIO RICO DR
CITY-ST-ZIP	RIO RICO AZ 85648	14 CITY-ST-ZIP	RIO RICO AZ 85648
TITLE	VTD <input type="checkbox"/> DELETE	21 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOSEPH F	22 NAME	BERNARDI, JOSEPH F
STREET ADDRESS	374 RIO RICO DR	23 STREET ADDRESS	374 RIO RICO DR
CITY-ST-ZIP	RIO RICO AZ 85648	24 CITY-ST-ZIP	RIO RICO AZ 85648
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNARDI, JOAN M	32 NAME	BERNARDI, JOAN M
STREET ADDRESS	372 RIO RICO DR	33 STREET ADDRESS	372 RIO RICO DR
CITY-ST-ZIP	RIO RICO AZ 85648	34 CITY-ST-ZIP	RIO RICO AZ 85648
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 _____

CR2E034 (10/97)