

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004152

1. Corporation Name

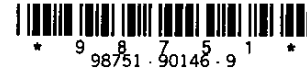
THE BERTRON COMPANY, INC.

Principal Place of Business
**9241 SOUTHWEST 91ST CIRCLE
OCALA FL 34481**

Mailing Address
**9241 SOUTHWEST 91ST CIRCLE
OCALA FL 34481**

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90146 009 ****61.25



2. Principal Place of Business 21 9241 Southwest 91 Circle West Suite, Apt. #, etc. 22		2a. Mailing Address 26 9241 Southwest 91 Circle West Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 08/07/1997	
23 Ocala, Florida City & State		28 Ocala, Florida City & State		4. FEI Number 11-3081926 Applied For Not Applicable	
24 34481-8405 25 USA Zip Country		29 34481-8405 30 USA Zip 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	

9. Name and Address of Current Registered Agent

ZIMMERMAN, BERT
9241 SOUTHWEST 91ST CIRCLE
OCALA FL 34481

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, BERT	1.2 NAME	
STREET ADDRESS	9241 SOUTHWEST 91ST CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	
TITLE	VSTD: <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, HARRIET	2.2 NAME	
STREET ADDRESS	9241 SOUTHWEST 91ST CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, DIANE	3.2 NAME	
STREET ADDRESS	9241 SOUTHWEST 91 CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481-8405	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bert Zimmerman **SIGNATURE REQUIRED** BERT ZIMMERMAN 1/5/99 352-861-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)