

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90007 006 ***150.00

DOCUMENT # F98000001871

1. Corporation Name

BARTOLINI FINANCE CORPORATION

Principal Place of Business

**1850 E. MAIN ST.
MESA AZ 85203**

Mailing Address

**1850 E. MAIN ST.
MESA AZ 85203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

86-0812783

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARTOLINI, ROBERT R
2626 S. FEDERAL HWY.
DELRAY BEACH FL 33483**

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 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

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 ☐ DELETE

NAME **PD
BARTOLINI, EDWARD M**
STREET ADDRESS **7526 EAST CORRINE RD**
CITY-ST-ZIP **SCOTTSDALE AZ 85260**

1.1 TITLE ☐ Change ☐ Addition

NAME **VD** ☐ DELETE

STREET ADDRESS **BARTOLINI, ROBERT R**
CITY-ST-ZIP **7707 NW 47TH DR.
CORAL SPRINGS FL 33067**

1.2 NAME

TITLE ☐ DELETE

NAME **S** ☐ DELETE

STREET ADDRESS **KASCHOK, DONNA**
CITY-ST-ZIP **1261 SE 2 ST.
DEERFIELD BEACH FL 33441**

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME **4.1 TITLE** ☐ Change ☐ Addition

STREET ADDRESS **4.2 NAME**

CITY-ST-ZIP **4.3 STREET ADDRESS**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **4.4 CITY-ST-ZIP** ☐ Change ☐ Addition

STREET ADDRESS **5.1 TITLE** ☐ Change ☐ Addition

CITY-ST-ZIP **5.2 NAME**

TITLE ☐ DELETE

NAME **5.3 STREET ADDRESS**

STREET ADDRESS **5.4 CITY-ST-ZIP**

2.1 TITLE

TITLE ☐ DELETE

NAME **6.1 TITLE** ☐ Change ☐ Addition

STREET ADDRESS **6.2 NAME**

CITY-ST-ZIP **6.3 STREET ADDRESS**

2.2 NAME

TITLE ☐ DELETE

NAME **6.4 CITY-ST-ZIP** ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

Donna Kaschok
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA
DATE

2-12-99
Date

561-272-2989
Daytime Phone #

CR2E034 (1/98)