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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H96221

**(7)** 

BERTOLO ENTERPRISES, INC.

FILED
May 09 1997 8:00am
Secretary of State

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•	ce of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	1211 SISTI BISI		H B1811 1881
8350 ESTERO BLVO. P.O. BOX 264 BRANCH 1 FT. MYERS BCH. FL 33931		5732 FLAMINGO DR. CAPE CORAL FL 33904-5 US	929					
i i milny pi	on 12 90001	3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1986 05/01/1996						
2. Principal i	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21		26						lot Applicable
Suite, Apt. #, etc.		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta 23	ale	City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for in			s. 199.032,
24	25	[29]	30			Yes 🔲		
	9. Name and Address of Currer	nt Hegisterea Agent		81 Name	10. Name and Address of New Reg	ustered Ag	ent	
	RTOLO, DAVID A.			81 Name				
835	O ESTERO BLVD PH1		82 Street Ac		ddress (P.O. Box Numbor is Not Acceptable)			
; ET	MYERS FL 33931							
FI I	miter(A 1 # 6200			84 City			<b>85</b> Zip	Code
	<del></del>					ᅡᄔ		
office or agent. 1	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was ations of, Section 607.0505, F	authorized Iorida Stati	nove-named corpora I by the corpora utes.	poration submits this statement for the pution's board of directors. I heroby accept	urpose of cr t the appoin	nanging itment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered age	est and title if applicable. (NC	11: Begistered	Agent signature requ	ired when reinstature)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 70	LE			Change	Addition
NAME	BERTOLO, DAVID A.		1.2 NA	ME				
STREET ADDRESS		1.3 \$		REE1 ADORESS				
CITY-ST-ZIP	FT MYERS FL			IY-S1-ZIP		<del></del>		· · · · · · · · · · · · · · · · · · ·
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CITY-ST-ZIP	,			TY-ST-7IP				
TITLE		DELETE	4.1 7/1			Т	Change	Addition
NAME			4, 2 N			<b>-</b>	9	***************************************
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TITLE		DELETE	6.1 117			L	Change	Addition
NAME			6.2 NA	ME			_	
STREET ADDRESS	:		1	REET ADDRESS				
			1					
CITY-ST-ZIP			5.4 Lit	(Y-ST-7(P				

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 eath; 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

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