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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J40062
1. Corporation Name

(8)

J&G BERCSE, INC.

Principal Place of Business

17431 OLD BAYSHORE RD
NORTH FORT MYERS FL
33917

Mailing Address

17431 OLD BAYSHORE RD
NORTH FORT MYERS FL
33917-4212

3. Date Incorporated or Qualified

10/29/1986

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

9. Name and Address of Current Registered Agent

BERCSE, JULIUS
17431, OLD BAYSHORE RD
N FT MYERS FL 33917

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

1.1 TITLE ☐ DELETE

NAME: BERCSE, JULIUS
STREET ADDRESS: 17431 OLD BAYSHORE
CITY-ST-ZIP: NORTH FORT MYERS FL

1.2 TITLE ☐ DELETE

NAME: BERCSE, GLADYS
STREET ADDRESS: 17431 OLD BAYSHORE
CITY-ST-ZIP: NORTH FORT MYERS FL

1.3 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.4 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.5 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Julius Bercse

Julius Bercse

9475436204

CR2E034 (9/96)