

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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K55925** (7)  
1. Corporation Name  
**BERNARD/FRANKEL ESTATE SERVICES, INC.**



Principal Place of Business Mailing Address  
C/O BONNIE STASKOWSKI C/O BONNIE STASKOWSKI  
1180 NW 85TH AVENUE 1180 NW 85TH AVENUE  
PLANTATION FL 33322 PLANTATION FL 33322-4821

3. Date Incorporated or Qualified **01/05/1989** 3a. Date of Last Report **04/17/1996**  
4. FEI Number **65-0091537** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **C/O Bonnie Staskowski** 26 **C/O Bonnie Staskowski**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **305 Windmill Palm Ave** 27 **305 Windmill Palm Ave**  
City & State City & State  
23 **Plantation Fl** 28 **Plantation Fl**  
Zip Country Zip Country  
24 **33324** 25 Country 29 **33324** 30 Country

9. Name and Address of Current Registered Agent  
**STASKOWSKI, BONNIE**  
**1180 NW 95TH AVENUE**  
**PLANTATION FL 33322**

10. Name and Address of New Registered Agent  
81 Name **Bonnie Staskowski**  
82 Street Address (P.O. Box Number is Not Acceptable) **305 Windmill Palm Ave**  
83  
84 City **Plantation** FL 85 Zip Code **33324**

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: **Bonnie Staskowski** *Bonnie Staskowski* 4/23/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DVS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOYNIHAN, FAITH M.</b>	
STREET ADDRESS	<b>10970 S.W. 30TH COURT</b>	
CITY-ST-ZIP	<b>DAVIE FL</b>	
TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>STASKOWSKI, BONNIE</b>	
STREET ADDRESS	<b>1180 NW 95 AVE</b>	
CITY-ST-ZIP	<b>PLANTATION FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bonnie Staskowski</b>
2.3 STREET ADDRESS	<b>305 Windmill Palm Ave</b>
2.4 CITY-ST-ZIP	<b>Plantation Fl 33324</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Bonnie Staskowski* 4/23/97 954 4743170  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)