

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
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DOCUMENT # **K55925** (7)

1. Corporation Name
BERNARD/FRANKEL ESTATE SERVICES, INC.



Principal Place of Business C/O BONNIE STASKOWSKI 1180 NW 85TH AVENUE PLANTATION FL 33322	Mailing Address C/O BONNIE STASKOWSKI 1180 NW 85TH AVENUE PLANTATION FL 33322-4821
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3. Date Incorporated or Qualified 01/05/1989	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21 C/O Bonnie Staskowski Suite, Apt. #, etc. 22 305 Windmill Palm Ave City & State 23 Plantation FL Zip 24 33324	2a. Mailing Address 26 C/O Bonnie Staskowski Suite, Apt. #, etc. 27 305 Windmill Palm Ave City & State 28 Plantation FL Zip 29 33324
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4. FEI Number 65-0091537	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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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* **1/23/97**
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	DVS	<input checked="" type="checkbox"/> DELETE
NAME	MOYNIHAN, FAITH M.	
STREET ADDRESS	10970 S.W. 30TH COURT	
CITY-ST-ZIP	DAVIE FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	STASKOWSKI, BONNIE	
STREET ADDRESS	1180 NW 95 AVE	
CITY-ST-ZIP	PLANTATION FL	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bonnie Staskowski	
2.3 STREET ADDRESS	305 Windmill Palm Ave	
2.4 CITY-ST-ZIP	Plantation FL 33324	
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* **1/23/97** **954 4743170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)