1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L36653

1. Corporation Name

BERTRAM TAYLOR, INC.

Principal Place of Business	Mailing Address
1236 SO. OCEAN DR. FORT LAUDERDALE FL 33316	4636 ST. CATHERINE ST. WEST WESTMOUNT. QUEBEC CANADA H3Z1S-5 US

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90138 041 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/13/1989 4. FEI Number Applied For Principal Place of Business Mailing Address 65-0159533 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zip Country Zip This corporation owes the current year Intangible No. ☐ Yes 25 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURDOCH, ROBERT E Street Address (P.O. Box Number is Not Acceptable) JOHSON, ANSELMO, MURDOCH, BURK, GEORGE, P.A. 790 E. BROWARD BOULEVARD, SUITE 400 83 FORT LAUDERDALE FL 33301 City Zip Code 84 85

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, trood or printed name of registered spent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	Signature, typed or printed name of registered egent and title if applications of the control of	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD STRICE OF STREET OF	DELETE	1.1 TILE				
NAME	PICKERING, RONALD	<u></u>	1.2 NAME	_	- –		
1	4670 ST. CATHERINE ST. WEST		1.3 STREET ADDRESS				
STREET ADDRESS	WESTMOUNT QUEBEC CA		■ į				
CITY-ST-ZIP		DELETE	1.4 CFTY-ST-ZIP	□ Ch	ange Addition		
TITLE	VD	DELETE	2.1 TITLE	C G	aligo 🗀 Additor		
NAME	TAYLOR, MARIA		2.2 NAME				
STREET ADDRESS	6341 NE,20TH TERR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	3.1 TITLE	□ Ch	ange Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	·		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	□ Ch	ange 🔲 Additior		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
C/TY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	□ Ch	ange 🔲 Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZNP			5.4 CITY+ST-ZIP				
TITLE		□ DELETE	6.1 TITLE	Ch	ange Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP	<i>((((((((((</i>		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with the fing 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 enrule) 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 of the receiver of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

SIGNATURE:

March 10, 1999 (514) 932.3999