
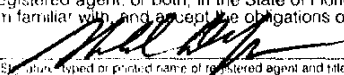
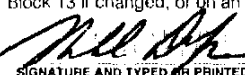


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M79785 (5)</b>					
1. Corporation Name <b>BERTLIS CORPORATION</b>					
Principal Place of Business <b>2699 STIRLING ROAD SUITE C-404 FT. LAUDERDALE FL 33312 US</b>			Mailing Address <b>2699 STIRLING ROAD SUITE C-404 FT. LAUDERDALE FL 33312-6564 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/03/1988</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>04/22/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>65-0070735</b>	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>REGISTERED AGENT + OFFICE INC. 799 BRICKELL PLAZA SUITE 608 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
81 Name <b>SHELDON D. DAGEN</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>2699 STIRLING RD</b>	
83 <b>SUITE C-404</b>				84 City <b>FT. LAUDERDALE, FL</b>	
85 Zip Code <b>33312</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 		SHELDON D. DAGEN		DATE <b>4/23/97</b>	
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>PTD DAGEN, SHELDON D. 2699 STIRLING RD, STE C-405 FT LAUDERDALE FL</b>			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <b>2699 STIRLING RD, STE C-404</b>		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		SHELDON D. DAGEN		DATE <b>4/23/97</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>954-964-9160</b>	

CR2E034 (9/96)