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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085989 (9)

STEVEN R. BARTELL & ASSOCIATES. INC.

Principal Place of Business	Mailing Address			
4916 MILE STRETCH DRIVE HOLIDAY FL 34690	4916 MILE STRETCH DRIVE HOLIDAY FL 34880	DO NOT WRITE IN THIS SPA		
		Date Incorporated or Qualified     11/21/1994		
2. Principal Place of Business 21	2e. Mailing Address 26	4. FEI Number 59-3280610		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
City & State	City & State	6 Election Campaign Financing		

23 Zip Country Country 24 29 9, Name and Address of Current Registered Agent BARTELL, STEVEN R 1213 VENETIA DRIVE SPRING HILL FL 34608

itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Code

6. Election Campaign Financing

Trust Fund Contribution

**FILED** 

May 01 1998 8:00am

Secretary of State

office or r agent. I a	egistered agent, or both, in the State of Florida. Such char in familiar with, and accept the obligations of, Section 607	ige was auti .0505, Florid	norized by the corp la Statutes.	poration's board of directors. I hereby accept the appointment as regis	tered
SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE R		required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	P	ELETE	1.1 TITLE	☐ Change ☐	Addition
NAME	BARTELL, STEVEN		1.2 NAME		
STREET ADDRESS	1213 VENETIA DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP		
TITLE	<b>VP</b> 0	ELETE	2.1 TITLE	Change	Addition
NAME	Bartell, Kathleen		2.2 NAME		i
STREET ADDRESS	1213 VENETIA DRIVE		2.3 STREET ADDRESS	· ·	
CITY-ST-ZIP	SPRING HILL FL		2. 4 CITY-ST-ZIP		
TITLE	IQ [	ELETE	3.1 TITLE	☐ Change ☐	Addition
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE	□ 0i	ELETE	4.1 TITLE	☐ Change ☐	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	DE	LETE	5.1 TITLE	☐ Change ☐	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	OF	LETE	6.1 TITLE	☐ Change ☐	Addition
NAME			6.2 NAME		į
STREET ADDRESS			6.3 STREET ADDRESS		i
		1			

14. I 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 progressive or present entry of the corporation or the progressive or true takes on powered 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:

Applied For Not Applicable 8.75 Additional Fee Required

\$5.00 May Be

Added to Fees