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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Addition

Change

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000088856 (6)

BARTLETT INTERNATIONAL SALES & DISTRIBUTION, INC

•							
Principal Place of Business Mailing Address					. 88181 18141 18181 18181	<b>  </b>	
7880 BLIND PA ST. PETERSBU	NSS ROAD ING BEACH FL 33706	7880 BLIND PASS ROAD ST. PETERSBURG BEACH	FL 33706-172	9			
					3. Date Incorporated or Qualified 11/20/1995	3a. Date of La 05/01/198	
	cipal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
<del></del>		26	ot # oto		The second secon		Not Applicable
27			27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	City & State City & State				6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,	
<b>23</b> Zip	Country Zop		Country		Trust Fund Contribution		ded to Fees
24			30	y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \( \square\) Yes \( \square\) No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
BROIDA, JOEL D ESQ.				Name			
605 - 75TH AVENUE ST. PETERSBURG BEACH FL 33706			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
			83		TOSS (F.O. DON NOTHER NOT ACCEPTAL	ле <i>ј</i>	
			03				
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the abov	l e-named cor	poration submits this statement for the c	. — , ,	ng its registered
office or o	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida, Such change was ions of Section 607 0505, Fl	authorized by oride Statute	y the corpora	poration submits this statement for the palicn's board of directors. I hereby accept	ot the appointmen	it as registered
SIGNATURE	and then, and accept the obligate	0113 01, 35011011 001.0303, 11	onca otarato	<b>o</b> .			
	Signature, typod or printed name of registered agent			ent signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND	DIRE CTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME	BARTLETT, PAMELA	DELCTE.	1.1 TITLE			<u></u> Cha	nge 🔲 Addition
STREET ADDRESS	669 NINA DRIVE		1.2 NAME	4000000			
CITY-ST-ZIP	TIERRA VERDE FL 33715		1.3 STREET				
TITLE	- <del> </del>	DELETE	1.4 CiTY - S 2.1 TITLE	SI - ZIP		Char	nge Addition
NAME 1	BARTLETT, PAMELA, PRESIDENT		2.2 NAME				goooo
STREET ADDRESS	509 55TH AVENUE		2.3 STREE	ADDRESS			
CITY-ST-ZIP	ST_PETE_BEACH_FL_33706		2 4 CITY-	ST-ZIP			
TITLE			31 TITLE			☐ Chai	nge 🔲 Addilion
NAME	BARTLETT DAVID V.P.		3.2 NAME				
STREET ADDRESS	509 55th avenue		3.3 STREET	ADDRESS			•
CITY-ST-ZIP	i e		3 4. CITY-	S1-ZIP			
TITLE	ST PETE BEACH FL 33706 DELETE		4.1 TITLE		÷	L Char	nge L. Addition
NAME CTATES ADDRESS			4. 2 NAME	I I DODGE CO			
STREET ADDRESS City-St-Zip			4.3 \$1REE1		\$		
TITLE	DELETE		4.4 CITY - S 5.1 TITLE	51-ZIP		Char	nge Addition
NAME			5.2 NAME				- Producti
STREET ADÓRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 City - S		a.		

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. Hurther 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 if am an officer or director of the corporation or the receiver or trusted 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.

6.4 CITY - ST - ZIP

6170LF

6.2 NAME

DELETE