

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

FILED

Apr 08 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 # P96000002770 (1)

1. Corporation Name
BARDNEY, INC.



Principal Place of Business 3033 RIVIERA DRIVE STE 106 NAPLES FL 33940	Mailing Address 3033 RIVIERA DRIVE STE 106 NAPLES FL 34108-2746
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3. Date Incorporated or Qualified 01/04/1996	3a. Date of Last Report
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2. Principal Place of Business 21 5551 Ridgewood Drive Suite, Apt. #, etc. 22 Suite 405 City & State 23 Naples, Florida Zip 24 34108	2a. Mailing Address 26 5551 Ridgewood Drive Suite, Apt. #, etc. 27 Suite 405 City & State 28 Naples, Florida Zip 29 34108	4. FEI Number 65-0645394	Applied For 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
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9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D
3033 RIVIERA DRIVE STE 106
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
	5551 Ridgewood Drive		Naples	FL 34108

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DE ESPINOSA, NICOLE G		1.2 NAME Ginic, Nicole	
STREET ADDRESS 3033 RIVIERA DRIVE STE 106		1.3 STREET ADDRESS 5551 Ridgewood Drive, Suite 405	
CITY-ST-ZIP NAPLES FL 33940		1.4 CITY-ST-ZIP Naples, Florida 34108	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Michalup, Vanessa	
STREET ADDRESS		2.3 STREET ADDRESS 5551 Ridgewood Drive, Suite 405	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Naples, Florida 34108	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Michalup, Gabriel	
STREET ADDRESS		3.3 STREET ADDRESS 5551 Ridgewood Drive, Suite 405	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Naples, Florida 34108	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Nicole Ginic* **NICOLE GINIC** 4/1/97 (941) 394-1871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)