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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000022882 (0)

BARTEL MARKETING & MANAGEMENT, INC.

Principal Place of Business Mailing Address 366 RENSSALAER AVENUE 366 RENSSALAER AVENUE AUBURNDALE FL 33823-9210 AUBURNDALE FL 33823 2a. Mailing Address 2. Principal Place of Business 21 26 Suite. Apt. # letc Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country  $Z \cdot p$ Country 30 24 25 29 9. Name and Address of Current Registered Agent 81 Name BARTEL, SUSAN M **366 RENSSALAER AVENUE** 82 Street Addres **AUBURNDALE FL 33823** 63 84 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Stip latery typed in promise name of registered agent and title it apposable (NOTE Registered Agent signature required 12. OFFICERS AND DIRECTORS 13. DELETE TILLE 11 TITLE BARTEL, SUSAN M NAME 1.2 NAME 366 RENSSALAER AVENUE 1.3 STREET ADDRESS STREET ADDRESS **AUBURNDALE FL 33823** 1.4 CITY-ST-ZIP City+ST-7IP VSD DELETE TITLE 2.1 TITLE BARTEL, BRADLEY W NAME 2.2 NAME 366 RENSSALAER AVENUE STREET ADDRESS 2 3 STREET ADDRESS **AUBURNDALE FL 33823** 2.4 CITY-ST-ZIP COY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST-ZP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 70P 4.4 CITY - ST - ZIP DELETE Addition Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP DITY ST-7IP DELETE Change Addition TATLE 6.1 TITLE NAME 6.2 NAME

Jan 23 1997 8:00am Secretary of State

|      | Date Incorporated or Qualified 03/11/1996  | <b>3a</b> . Da         | ate of                         | Last R              | eport                                |  |
|------|--|------------------------|--------------------------------|---------------------|--------------------------------------|--|
| 4.   | FEI Number 59 -33660   | 04                     |                                |                     | plied For                            |  |
| 5.   | Certificate of Status Desired  |                        | •                              |                     | t Applicabl<br>Additional<br>equired |  |
| 6.   | Election Campaign Financing<br>Trust Fund Contribution                               |                        | \$5.00 May Be<br>Added to Fees |                     |                                      |  |
|      | This corporation has liability for i<br>Florida Statutes  Name and Address of New Re | Yes [                  | Nc                             | )                   | . 199.032,                           |  |
| (P   | O. Box Number is Not Acceptab  | le)                    | 85                             | Zip                 | Code                                 |  |
| s to | n submits this statement for the poard of directors. I hereby acceptionstating)      | urpose of<br>t the app | char<br>ointr                  | nging it<br>nent as | s registered<br>registered           |  |
|      | ADDITIONS/CHANGES TO OFFIC   |                        | DIR                            | ECTOF               | RS IN 12                             |  |
|      |  |                        |                                | Change              | Additio                              |  |
|      |  |                        |                                |                     |                                      |  |
|      |  |                        |                                | Change              | Additio                              |  |

14. I do hereby certify that the information supplied with this filling 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

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

CITY-ST ZIP

SUSAN M. BARTEL 1/15/97 (941)