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

028250S

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|---|---|
| **PROFIT CORPORATION ANNUAL REPORT 1999** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS |

**FILED**
# Feb 24, 1999 8:00 am
# Secretary of State
02-24-1999 90027 032 ***150.00

**DOCUMENT #** P96000030935

1. *Corporation Name*

**BEDFORD CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1271 SEMINOLE DRIVE FORT LAUDERDALE FL 33309 | 1271 SEMINOLE DRIVE FORT LAUDERDALE FL 33309 |

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualifed
**04/03/1996**

2. Principal Place of Business
21 *1291 Seminole Ave*
Suite, Apt. #, etc.
22
23 *Ft. Landerdale Fl*
City & State
Zip  24 *33304*  25  Country

2a. Mailing Address
26 *1291 Seminole Drive*
Suite, Apt. #, etc.
27
28 *Ft. Landerdale Fla*
City & State
Zip  29 *33304*  30  Country

4. FEI Number
**NOT APPLICABLE**

Applied For
✓ Not Applicable

$8.75 Additional Fee Required

5. Certifcate of Status Desired ☐

6. Election Campaign Financing ☐ Trust Fund Contribution
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

SHAPIRO, MICHAEL B
SHAPIRO & DECTOR, P.A.
7777 GLADES RD., SUITE 200
BOCA RATON FL 33434

**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 |

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

| 12. | OFFICERS AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☑ Change | ☐ Addition |
| NAME | SIMKOWITZ, LOREN | | 1.2 NAME | | | |
| STREET ADDRESS | 1271 SEMINOLE DRIVE | | 1.3 STREET ADDRESS | *1291 Seminole Drive* | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

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 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, if all other like empowered.

**SIGNATURE:** _____   *1/9/99*   *954 564-0600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #