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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZE

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P9600088769 (0)

BERNARD & CO. MANAGEMENT INC.

Principal Place of Business Mailing Address 8902 SHADOW BAY DRIVE 8802 SHADOW BAY DRIVE ORLANDO FL 32825 ORLANDO FL 32825-370 3. Date Incorporated or Qualified 3a. Date of Last Report 10/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3427509 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country  $Z_{10}$ This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUSSER, GARY E 2755 S. FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) BOYNTON BEACH FL 33435 83 84 City 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. Signative, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 13. DELETE Change Addition THILE 1.1 TITLE BEENARD, PHILIP NAME BERNANRO, PHILIP 1.2 NAME R2E034 8902 SHADOW BAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 1.4 CITY-ST-ZIP City-St-7F Change DELETE Addition 70116 2.1 TITLE NAMI 22 NAME 2.3 STREET ADDRESS STHEET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE ☐ Change THEF NAM: 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST-7IP Change DELETE Addition 5.1 TITLE 1000 NAME 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS SURFEL ADDRESS.

6.4 CITY-ST-ZIP

WHIL BERNARD

14. Ido 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 eath; 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.