**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700061167

BRISTOL-ONE, INC.

							1	
Principal Place of Business Mailing Address								
201 S. BISCAYNE BLVD., STE. 1920 MIAMI CENTER		201 S. BISCAYNE BLVD STE. 1920 MIAMI CENTER			DO NOT WRITE IN THIS SPACE	•		
MIAMI FL 33131 MIAMI FL 33131						3. Date Incorporated or Qualified		
						1 **		
		T				07/14/1997 4. FEI Number Applied For		
2. Principal Pl	ace of Business	2a. Mailing Address					<u>.</u>	
21 26 Suite Ast # etc						59-2354705   Not Applicate   \$8.75 Additional	∸ :	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required		
22 27 City & City & C			& State			6. Election Campaign Financing \$5.00 May Be		
City & State		y d Otale			Trust Fund Contribution Added to Fees			
23			Cou	ntrv		8. This corporation owes the current year Intangible	$\dashv$	
·				<b>,</b>		Personal Property Tax.  Yes No		
24	25 29 30 9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
	5. Name and Address of Current	. rrogiotorou rigoni		81	Name			
COR	PORATION SERVICE COMPANY			L		(D.O. D. All. Assistable)	$\dashv$	
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				83				
							_	
				84	City	FL 85 Zip Code		
44 10	to the provisions of Soutions 607 050	and 607 1508 Florida Sta	tutes the a	hove	e-named co	expension submits this statement for the nursess of changing its registered	_	
office or re	paintered agent or both in the State (	of Florida, Such change wa	s authorized	עם ו	the corpora	ration's board of directors. I hereby accept the appointment as registered		
agent. I ar	m familiar with, and accept the obligat	ions of, Section 607.0505,	Flonda Stat	utes				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (N	OTE: Registered	Ager	nt signature regu	juired when reinstating) DATE	-	
12.	OFFICERS AN		13.	, igo.	n digitata o requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE				1.1 TITLE		☐ Change ☐ Addi	tion	
NAME	FERTEL, ALAN K		1.2 N	1.2 NAME		•		
STREET ADDRESS 201 S.BISCAYNE BLVD.STE. 1920, MIAMI CENTER			1.3 \$1	1.3 STREET ADDRESS				
_	MIAMI FL 33131	ZO,MAUM OLIVIEM			T-ZIP			
CITY-ST-ZIP	DT	☐ DELETE			1	☐ Change ☐ Addi	tion	
NAME	FRANKLIN, ROBERT M		2.2 N	AME		·		
	FRANKLIN, RODLINI MI				TADORESS			
STREET ADDRESS		20,MIAMI CENTER			ST-ZIP	•	- {	
CITY-ST-ZIP TITLE	MIAMI FL 33131	DELETE			,1-Zii	Change Add	tion	
Ϊ		_	3.2 N					
NAME ,	\$ 1. The second				T ADDRESS		, }	
STREET ADDRESS					ST-ZIP		: [	
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			4.21				],	
NAME			1		T ADDRESS		[	
STREET ADDRESS					T-ZIP	•	- 1	
CITY-ST-ZIP		DELETE			1-41	Change Add	tion	
TITLE		_ 520212	5.2 N				Į	
NAME					TADDRESS		{	

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 all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

FERTEL, Pres.

DELETE

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

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(305)371-8585