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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

(5)

BERNARD BROTHERS ENTERPRISES, INC.							
Principal Place of Business Mailing Address					- 6 :0031060 100 18810 38311 49000 81610 1814 07611 03	010 01011 01011 011811 61511 1081	
3590 U S HIGHWAY 17-92. SUITE 101 3590 U S HIGHWAY 17-92. SUITE 101 LAKE MARY FL 32746 LAKE MARY FL 32746						DO NOT WRITE IN THI	S SPACE
						3. Date Incorporated or Qualified	o or mou
						03/20/1991	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 26						59-3056884	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Count 30	ry		This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible
2-7	9. Name and Address of Curre	1 - 1	00,			10. Name and Address of New Registere	
BE	BERNARD, GEORGE H.						
3590 U.S. HIGHWAY 17-92, SUITE 101 LAKE MARY FL 32746			8	2 Street	Addre	ss (P.O. Box Number is Not Acceptable)	
LA	NE MANT PL 32/40		8	3			
			8	4 City			85 Zip Code
A4 9						F	
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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	im ramiliar with, and accept the oblig	gations of, Section 607.0505, Floi	iga Siatui	es.			
SIGNATURE	Stgnature, typed or printed name of registered as	gent and title if applicable. (NOTE.	Registered A	gent signature	raquired	t when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DPVT	☐ DELETE	1.1 TITLE		ļ		Change Addition
NAME				E			
STREET ADDRESS	LAVE MADY EL COTAD			et address			
CITY-ST-ZIP	LAKE MARY FL 32746	- Delete	1.4 CITY			See Street Stree	Change Addition
TITLE	BERNARD, MARTIN E.	☐ DELETE	2.1 TITLE 2.2 NAMI		]		Change Addition
NAME STREET ADDRESS	ACOUNTY OF THE PARTY AT AN AUTHOR AND			et address	•	•	
CITY-ST-ZIP	LAVE MADY EL COZAC			-ST-ZIP			
TITLE	DELETE						Change Addition
NAME			3.1 TITLE 3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY				
TITLE		DELETE	4.1 TITLE				Change Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			į
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	L		
TITLE		DELETE	5.1 TITLE				Change Addition
NAME			5.2 NAMI				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 C/TY				
TITLE		☐ DELETE	6.1 TITLE				L Change L Addition

14. I 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 changed, or on an attachment with an address. RECNAM 1/4/90 (407) 324-0110

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

**FILED** 

Jan 15 1998 8:00am

Secretary of State