

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 407770 (7)  
1. Corporation Name  
BERLEENE, INC



Principal Place of Business: 400 OCEANSHORE BOULEVARD, FLAGLER BEACH FLORIDA 32136  
Mailing Address: 400 OCEANSHORE BOULEVARD, FLAGLER BEACH FLORIDA 32136

3. Date Incorporated or Qualified: 09/29/1972  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-1418655  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23  
28

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

Zip: 24  
Country: 25  
29  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
BERNARD C. FRASSRAND  
400 OCEANSHORE BLVD  
FLAGLER BEACH FLORIDA 32036

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	FRASSRAND, TREZ	
STREET ADDRESS	300 PALM CIRCLE	
CITY-ST-ZIP	FLAGLER BCH. FL	
TITLE	PTS	<input type="checkbox"/> DELETE
NAME	FRASSRAND, BERNARD C	
STREET ADDRESS	300 PALM CIRCLE	
CITY-ST-ZIP	FLAGLER BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FOREHAND, ROEB B.	
1.3 STREET ADDRESS	1431 SOUTH FLAGLER AVENUE	
1.4 CITY-ST-ZIP	FLAGLER BEACH, FLORIDA 32136-2029	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bernard C. Frassrand - BERNARD C. FRASSRAND - 3/29/96  
Date: 3/29/96  
Telephone: 904-439-2230

CR2E034 (12/95)