

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **486235**

1. Corporation Name

ALLAN BERRY ASSOCIATES, P.A.

Principal Place of Business

**16940 S.W. 94 Ct.
Miami, FL 33157**

Mailing Address

Same

2. Principal Place of Business

21 **16940 SW 94 Ct.**

2a. Mailing Address

26

Site Apt #, etc

27

22 ~~FL~~
City & State

28

Miami, FL

Zip

Country

29

Country

24 **33157**

25 **USA**

30

9. Name and Address of Current Registered Agent

**ALLAN BERRY
16940 S.W. 94 Ct
Miami, FL 33157**

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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0503, Florida Statutes.

SIGNATURE X **Allan Berry**

2/7/96

12. OFFICERS AND DIRECTORS

12.1 TITLE: **PRESIDENT**
NAME: **ALLAN BERRY, DDS**
STREET ADDRESS: **1001 BEL AIR DR. E.**
CITY, ST, ZIP: **Cambridge Pines, FL 33027**

12.2 TITLE: **Sec-Treas**
NAME: **Susan K. BERRY**
STREET ADDRESS: **1001 BEL AIR DR. E.**
CITY, ST, ZIP: **Cambridge Pines, FL 33027**

12.3 TITLE: DELIST
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

12.4 TITLE: DELIST
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

12.5 TITLE: DELIST
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

12.6 TITLE: DELIST
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13.

13.1 TITLE: _____
13.2 NAME: _____
13.3 STREET ADDRESS: _____
13.4 CITY, ST, ZIP: _____
13.5 TITLE: _____
13.6 NAME: _____
13.7 STREET ADDRESS: _____
13.8 CITY, ST, ZIP: _____
13.9 TITLE: _____
13.10 NAME: _____
13.11 STREET ADDRESS: _____
13.12 CITY, ST, ZIP: _____
13.13 TITLE: _____
13.14 NAME: _____
13.15 STREET ADDRESS: _____
13.16 CITY, ST, ZIP: _____

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS: ADD DELETE

**500001768875
-04/04/96--01013--024
***200.00**

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 119.04(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 1007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Allan Berry**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

50-11291

CR2E034 (12/95)