

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751159 (5)

1. Corporation Name

THE BERKSHIRE, INC.



Principal Place of Business

Mailing Address

**1775 S OCEAN BLVD
DELRAY BCH FL 33483**

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DELRAY BCH FL 33483**

3. Date Incorporated or Qualified
02/21/1980

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2027088

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHWARTZ, RICHARD M.
21306 RAINDANCE LANE
BOCA RATON FL 33428**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D DEHN, ARNOLD**
STREET ADDRESS **4651 S.W. 74TH TERRACE**
CITY-ST-ZIP **DAVIE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **V/D**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD FOX, JAMES M.**
STREET ADDRESS **6365 NW 23RD ST**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **SD PIDGEON, RAYMOND**
STREET ADDRESS **930 DOGWOOD DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S/D Janet Kerbel**
3.3 STREET ADDRESS **2420 SW 22 Avenue**
3.4 CITY-ST-ZIP **Delray Beach, FL.**

TITLE ☒ DELETE
NAME **DV PETERMAN, JAMES**
STREET ADDRESS **1515 S. FLAGLER DRIVE**
CITY-ST-ZIP **W. PALM BEACH FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D Stan Jones**
4.3 STREET ADDRESS **2611 NE 43 Street**
4.4 CITY-ST-ZIP **Lighthouse Point, FL.**

TITLE ☐ DELETE
NAME **T SCHWARTZ, RICHARD M.**
STREET ADDRESS **21306 RAINDANCE LANE**
CITY-ST-ZIP **BOCA RATON FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D KIRSCHNER, MYRA M.**
STREET ADDRESS **1151 NW 88TH WAY**
CITY-ST-ZIP **PLANTATION FL**

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD M. SCHWARTZ

3/28/96

Date

(407) 278-3643

Daytime Phone #

CR2E037 (12/95)