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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	1775 S OCEAN BLVD DELRAY BCH FL 33483-6520

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2027088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEHN, ARNOLD		1.2 NAME	
STREET ADDRESS	4651 S.W. 74TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FOX, JAMES M.		2.2 NAME	
STREET ADDRESS	6365 NW 23RD ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	SD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KERBEL, JANET		3.2 NAME	
STREET ADDRESS	2420 SW 22 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, STAN		4.2 NAME	
STREET ADDRESS	2611 NE 43 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, RICHARD M.		5.2 NAME	
STREET ADDRESS	21306 RAINDANCE LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KIRSCHNER, MYRA M.		6.2 NAME	
STREET ADDRESS	1151 NW 88TH WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard M. Schwartz RICHARD M. SCHWARTZ 4/9/97 (561) 338-3645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044806