

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 11 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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**

3. Date Incorporated or Qualified

**02/21/1980**

4. FEI Number

**59-2027088**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ 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

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>VD</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>DEHN, ARNOLD</b>           |                                 |
| STREET ADDRESS | <b>4651 S.W. 74TH TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>DAVIE FL</b>               |                                 |

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | <b>PD</b>              | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FOX, JAMES M.</b>   |                                            |
| STREET ADDRESS | <b>6365 NW 23RD ST</b> |                                            |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>   |                                            |

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>JONES, STAN</b>         |                                 |
| STREET ADDRESS | <b>2611 NE 43 STREET</b>   |                                 |
| CITY-ST-ZIP    | <b>LIGHTHOUSE POINT FL</b> |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>T</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>SCHWARTZ, RICHARD M.</b> |                                 |
| STREET ADDRESS | <b>21306 RAINDANCE LANE</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>        |                                 |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>KIRSCHNER, MYRA M.</b> |                                 |
| STREET ADDRESS | <b>1151 NW 88TH WAY</b>   |                                 |
| CITY-ST-ZIP    | <b>PLANTATION FL</b>      |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |           |                                                                              |
|--------------------|-----------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>PD</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |           |                                                                              |
| 1.3 STREET ADDRESS |           |                                                                              |
| 1.4 CITY-ST-ZIP    |           |                                                                              |

|                    |                             |                                                                              |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 2.1 TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Ronald Yates</b>         |                                                                              |
| 2.3 STREET ADDRESS | <b>5030 Champion Blvd.</b>  |                                                                              |
| 2.4 CITY-ST-ZIP    | <b>Boca Raton, FL 33496</b> |                                                                              |

|                    |           |                                                                              |
|--------------------|-----------|------------------------------------------------------------------------------|
| 3.1 TITLE          | <b>VD</b> | <input checked="" 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          | <b>SD</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |           |                                                                              |
| 5.3 STREET ADDRESS |           |                                                                              |
| 5.4 CITY-ST-ZIP    |           |                                                                              |

|                    |                             |                                                                              |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 6.1 TITLE          | <b>D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | <b>Allan J. Louis</b>       |                                                                              |
| 6.3 STREET ADDRESS | <b>7831 NW 4 Street</b>     |                                                                              |
| 6.4 CITY-ST-ZIP    | <b>Plantation, FL 33322</b> |                                                                              |

14. I 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 1/14/98**

**561 278-3643**

CP25037 (10/97)