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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751159

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

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 02/21/1980
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-2027088 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☐ 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	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	YATES, RONALD		2.2 NAME	Pletcher, Thomas	
STREET ADDRESS	5030 CHAMPION BLVD		2.3 STREET ADDRESS	9017 Hawthorne Ave.	
CITY-ST-ZIP	BOCA RATON FL 33496		2.4 CITY-ST-ZIP	Surfside, FL 33154	
TITLE	D	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	JONES, STAN		3.2 NAME		
STREET ADDRESS	2611 NE 43 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, RICHARD M.		4.2 NAME		
STREET ADDRESS	21306 RAINDANCE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	KIRSCHNER, MYRA M.		5.2 NAME		
STREET ADDRESS	1151 NW 88TH WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	LOUIS, ALLAN J		6.2 NAME		
STREET ADDRESS	7831 N.W. 4 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33322		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Richard M. Schwartz FILED Richard M. Schwartz (561) 278-3643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)