

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 28 1996 8:00 am
Secretary of State

DOCUMENT # **F73872** (6)

1. Corporation Name
THE BERKLEY GROUP, INC.



Principal Place of Business: **3015 N. OCEAN BLVD SUITE 121 FT. LAUDERDALE FL 33308**
Mailing Address: **3015 N. OCEAN BLVD SUITE 121 FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **03/19/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2170299**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**FOSTER, REBECCA A.
3015 N. OCEAN BLVD.
#121
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	LAMBERT, JAMES E.	
STREET ADDRESS	3011 N.E. 55TH PL.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	FOSTER, REBECCA A.	
STREET ADDRESS	6094 VISTA LINDA LN.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DVPT	<input type="checkbox"/> DELETE
NAME	LANDAU, MARC	
STREET ADDRESS	17858 NW 15TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OTTINO, J P III	
STREET ADDRESS	2733 NE 18TH TERR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLANSKY, BRUCE	
STREET ADDRESS	405 MOUNTAIN DR	
CITY-ST-ZIP	MCGAHEYSVILLE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIERHOLZER, LARRY	
STREET ADDRESS	1857 TEMPLETON LANE	
CITY-ST-ZIP	VIRGINIA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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***200.00

4/28/96 CMC

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rebecca A. Foster, President**
DATE: **8/12/96** TELEPHONE: **305-563-2444**

CR2E034 (12/95)