

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33308-7300
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3. Date Incorporated or Qualified 03/19/1982	3a. Date of Last Report 04/28/1996
4. FEI Number 59-2170299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	29
25	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 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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

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

SIGNATURE: _____ DATE: **4/8/97** DAYTIME PHONE #: **954-563-2444**

CR2E034 (9/96)