

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

**FILED**

**Jan 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # J17611 (1)**

1. Corporation Name  
**BERGER & DAVIS, P.A.**



Principal Place of Business: **100 N.E. THIRD AVE. SUITE 400 FORT LAUDERDALE FL 33301**  
Mailing Address: **100 N.E. THIRD AVE. SUITE 400 FORT LAUDERDALE FL 33301-1155**

3. Date Incorporated or Qualified: **06/04/1986**  
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City, State, Zip, and Country.  
4. FEI Number: **59-2725802**  
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: **BERGER, MITCHELL W. 100 N.E. THIRD AVE., SUITE 400 FORT LAUDERDALE FL 33301**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, MITCHELL W.</b>	1.2 NAME	
STREET ADDRESS	<b>100 NE 3RD AV SUITE 400</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33301</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, JAMES L.</b>	2.2 NAME	
STREET ADDRESS	<b>100 NE 3RD AV SUITE 400</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, LAZ L.</b>	3.2 NAME	
STREET ADDRESS	<b>100 N.E. 3RD AVE., #400</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, JAMES B</b>	4.2 NAME	
STREET ADDRESS	<b>100 NE 3RD AVE #400</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

**SIGNATURE:** *James L. Berger*  
**James L. Berger, Vice-President Berger & Davis, P.A.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **1/8/97** Daytime Phone: **954-525-9900**

CR2E034 (9/96)