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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

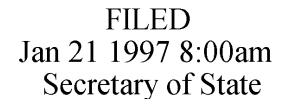
DOCUMENT # J87924

(3)

CHARLES BERG ENTERPRISES, INC.

Principal Place of Business									
1611	NW 55 PL								

Mailing Address





1611 NW 55 P GAINESVILLE I		1611 NW 55 PL GAINESVILLE FL 32653-2110							
i						3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1996			
	ace of Business	28. Mailing Address	28. Mailing Address			4. FEI Number		Ar	pplied For
21	ш	26				59-2842022			ot Applicable
Suite Apt.	#, Q(C.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
24 3265	Country 25	Zip 29	30 Cou					X) No	;. 199.032,
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered .	Agent	
	RG, CHARLES WILLIAM 1 NW 55 PL		i		INGILIE				
GAI			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)			
			ļ	83					
				84	City		FL	85 Zip	Code
						poration submits this statement for the p	ourpose o		
office or ri agent Tar	egistered agent, or both, in the Sta m famil ar with, and accept the obl	te of Florida. Such change w Igations of, Section 607.0505	vas authorized 5. Florida Stat	d by utes	the corpora	ition's board of directors. I hereby accept	ot the app	ointment as	registered
SIGNATURE		·′							
	Signature 1949 to printed name of resolutions.		<u>-</u>	d Age	nt signature requ	ired when reinstating)	DATE		
12.		NO DIRECTORS DELETE	13.		r	ADDITIONS/CHANGES TO OFFIC	ZERS ANL	Change	RS IN 12
TITLE	P Berg, Charles William	רון אנגנונ <u>.</u>						Change	L1 Vodition
NAME	6108 NW 124 ST		1.2 NA		ADDRESS				
STREET ADDRESS CITY - ST - ZIP	GAINESVILLE FL		1.4 CI		\ \				
TITLE	S	OELETE						Change	Addition
NAME	BERG, JANICE P		2 2 NA	AME					
STREET ADDRESS	6108 NW 124 ST		2 3 ST	REET	ADDRESS	•	-		
C(1Y - S1 - 7)P	GAINESVILLE FL		2 4 0	ITY-S	ST-ZIP				
TITLE		☐ DELETE	3 1 11	TLE				Change	Addition
NAME			32 N/	AME					
STREET ADDRESS			33 \$1	REET	ADDRESS				
CITY - ST - 7IP		- I porte			ST-ZIP			Change	Addison
THE		DELETE			į			Change	Addition
NAME OTDECT ADVANCES			4 2 N		ADDRESS				
STREET ADORESS CITY-ST-7IP			4 3 SI		i				
TITLE		DELETE			. Lu			☐ Change	Addition
NAME			52 N/						_
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			540				1		
TITLE		☐ DELETE						Change	Addition
NAME			6.2 N/	AME	Ì	•			
STREET ADDRESS			6.3 \$1	TREET	ADDRESS				
CITY - ST - ZIP			6.4 CI	TY - 5	IT- 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: