

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


FILED

Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90008 024 \*\*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # J87924</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>CHARLES BERG ENTERPRISES, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>1220 NW 53RD AVE<br/>GAINESVILLE FL 32653<br/>US</b>  |  |   | Mailing Address<br><b>1220 NW 53RD AVE<br/>GAINESVILLE FL 32653<br/>US</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |  | 3. Date Incorporated or Qualified  |  |
| 21 Suite, Apt. #, etc.  |  | 26 Suite, Apt. #, etc.  |  | 08/17/1987   |  |
| 22 City & State   |  | 27 City & State   |  | 4. FEI Number<br><b>59-2842022</b>   |  |
| 23 Zip Country  |  | 28 Zip Country  |  | Applied For<br>Not Applicable  |  |
| 24  |  | 25  |  | 29   |  |
| 25  |  | 29  |  | 30   |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent                               |  |  |
| <b>BERG, CHARLES WILLIAM<br/>1220 NW 53RD AVE<br/>GAINESVILLE FL 32653</b>  |  |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |  |  |  |
| 1.1 TITLE   |  |   |  |  |  |
| 1.2 NAME  |  |   |  |  |  |
| 1.3 STREET ADDRESS  |  |   |  |  |  |
| 1.4 CITY-ST-ZIP   |  |   |  |  |  |
| 2.1 TITLE   |  |   |  |  |  |
| 2.2 NAME  |  |   |  |  |  |
| 2.3 STREET ADDRESS  |  |   |  |  |  |
| 2.4 CITY-ST-ZIP   |  |   |  |  |  |
| 3.1 TITLE   |  |   |  |  |  |
| 3.2 NAME  |  |   |  |  |  |
| 3.3 STREET ADDRESS  |  |   |  |  |  |
| 3.4 CITY-ST-ZIP   |  |   |  |  |  |
| 4.1 TITLE   |  |   |  |  |  |
| 4.2 NAME  |  |   |  |  |  |
| 4.3 STREET ADDRESS  |  |   |  |  |  |
| 4.4 CITY-ST-ZIP   |  |   |  |  |  |
| 5.1 TITLE   |  |   |  |  |  |
| 5.2 NAME  |  |   |  |  |  |
| 5.3 STREET ADDRESS  |  |   |  |  |  |
| 5.4 CITY-ST-ZIP   |  |   |  |  |  |
| 6.1 TITLE   |  |   |  |  |  |
| 6.2 NAME  |  |   |  |  |  |
| 6.3 STREET ADDRESS  |  |   |  |  |  |
| 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 607, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

352-377-0880  
Daytime Phone #

CR2E034 (11/98)