

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K20545** (5)

1. Corporation Name
BERNESE RESEARCH INSTITUTE, INC.



Principal Place of Business: **14101 NW 4TH ST, SUNRISE FL 33325, US**
Mailing Address: **14101 NW 4TH ST, SUNRISE FL 33325, US**

2. Principal Place of Business: **21** City & State: **22** Zip: **23** Country: **24**
2a. Mailing Address: **26** City & State: **27** Zip: **28** Country: **29**

3. Date Incorporated or Qualified: **04/08/1988** 3a. Date of Last Report: **03/07/1995**
4. FEI Number: **65-0123681** Applied For: Not Applicable
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
**RILEY, FRANK X.
14101 NW 4TH ST
SUNRISE FL 33325**

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 607.0902 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE OF REGISTERED AGENT: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1	TITLE: STD	<input type="checkbox"/> DELETE
	NAME: RILEY, FRANK X.	
	STREET ADDRESS: 14101 NW 4TH ST	
	CITY-STATE-ZIP: SUNRISE FL	
12.2	TITLE: D	<input type="checkbox"/> DELETE
	NAME: RILEY, HELEN	
	STREET ADDRESS: 14101 NW 4TH ST	
	CITY-STATE-ZIP: SUNRISE FL	
12.3	TITLE:	<input type="checkbox"/> DELETE
	NAME:	
	STREET ADDRESS:	
	CITY-STATE-ZIP:	
12.4	TITLE:	<input type="checkbox"/> DELETE
	NAME:	
	STREET ADDRESS:	
	CITY-STATE-ZIP:	
12.5	TITLE:	<input type="checkbox"/> DELETE
	NAME:	
	STREET ADDRESS:	
	CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	13.2 NAME:	
	13.3 STREET ADDRESS:	
	13.4 CITY-STATE-ZIP:	
13.2	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	22.2 NAME:	
	22.3 STREET ADDRESS:	
	22.4 CITY-STATE-ZIP:	
13.3	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	32.3 NAME:	
	32.4 STREET ADDRESS:	
	32.5 CITY-STATE-ZIP:	
13.4	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	42.4 NAME:	
	42.5 STREET ADDRESS:	
	42.6 CITY-STATE-ZIP:	
13.5	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	52.5 NAME:	
	52.6 STREET ADDRESS:	
	52.7 CITY-STATE-ZIP:	
13.6	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	62.6 NAME:	
	62.7 STREET ADDRESS:	
	62.8 CITY-STATE-ZIP:	

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 it changes, or on an alternate form with an address.

SIGNATURE: **X** *Frank X. Riley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96
954-845-9500

CR2E034 (12/95)