

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 # **L90182** (1)

1. Corporation Name

BETH E. ANTRIM-BERGER, P.A.



Principal Place of Business

**2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205
US**

Mailing Address

**2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205
US**

2. Principal Place of Business

2a. Mailing Address

21. Subj. Apt. #, etc.

26. Subj. Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/26/1990

3a. Date of Last Report

02/16/1995

4. FEI Number

59-3021289

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

10. Name and Address of New Registered Agent

**ANTRIM-BERGER, BETH E.
2424 MANATEE AVENUE WEST
STE 102
BRADENTON FL 34205**

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 607.0402 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 607.0516, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or New Registered Agent)

(Signature of Current Registered Agent or New Registered Agent)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**DPS
ANTRIM-BERGER, BETH E.
2424 MANATEE AVENUE WEST
BRADENTON FL**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

2. NAME

1.2 NAME

3. STREET ADDRESS

1.3 STREET ADDRESS

4. CITY, ST, ZIP

1.4 CITY, ST, ZIP

5. TITLE

DPS

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

6. NAME

2.2 NAME

7. STREET ADDRESS

2.3 STREET ADDRESS

8. CITY, ST, ZIP

2.4 CITY, ST, ZIP

9. TITLE

DPS

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

10. NAME

3.2 NAME

11. STREET ADDRESS

3.3 STREET ADDRESS

12. CITY, ST, ZIP

3.4 CITY, ST, ZIP

13. TITLE

DPS

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

14. NAME

4.2 NAME

15. STREET ADDRESS

4.3 STREET ADDRESS

16. CITY, ST, ZIP

4.4 CITY, ST, ZIP

17. TITLE

DPS

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

18. NAME

5.2 NAME

19. STREET ADDRESS

5.3 STREET ADDRESS

20. CITY, ST, ZIP

5.4 CITY, ST, ZIP

21. TITLE

DPS

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

22. NAME

6.2 NAME

23. STREET ADDRESS

6.3 STREET ADDRESS

24. CITY, ST, ZIP

6.4 CITY, ST, 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 its 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:

SIGNATURE AND LEGAL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 941-746-4145

CR2E034 (12/95)