FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:25

DOCUMENT # S15038 (0)

1. Corporation Name
YOUNG, BERKMAN, BERMAN & KARPF, P.A.

Principal Place of Business	Mailing Address
17071 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160	17071 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: 11/28/1990
3a. Date of Last Report: 03/03/1994
4. FEI Number: 65-0232666 ☐ 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

YOUNG, BURTON
17071 WEST DIXIE HIGWHAY
N MIAMI BEACH FL 33160

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	FRANKLIN, BARRY	1.2 NAME	
STREET ADDRESS	21151 NE 22 CT	1.3 STREET ADDRESS	No longer with the
CITY-ST-ZIP	NO MIAMI BEACH FL	1.4 CITY-ST-ZIP	FIRM Please Delete
TITLE	O	2.1 TITLE	C ☒ Change ☐ Addition
NAME	YOUNG, BURTON	2.2 NAME	
STREET ADDRESS	2005 N.E. 197TH TERRACE	2.3 STREET ADDRESS	3900 Island Blvd B-307
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	North Miami Beach Fl 33160
TITLE	O	3.1 TITLE	P ☒ Change ☐ Addition
NAME	BERMAN, ANDREW S.	3.2 NAME	
STREET ADDRESS	13380-D S.W. 91ST TERR.	3.3 STREET ADDRESS	15840 SW 75 ct
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami Fl 33158
TITLE	S	4.1 TITLE	V ☒ Change ☐ Addition
NAME	KARPF, MITCHELL	4.2 NAME	
STREET ADDRESS	6820 W LONGBOW BEND	4.3 STREET ADDRESS	16322 NW 5 St
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	Pembroke Pines, Fl 33028
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: _____ 1-16-95 305 445 1851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01Y5212 CP