

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrham
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
**17071 WEST DIXIE HIGHWAY
N MIAMI BEACH FL 33160**

Mailing Address
**17071 WEST DIXIE HIGHWAY
N MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/28/1990	3a. Date of Last Report 03/03/1994
4. FEI Number 65-0232666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, BURTON 17071 WEST DIXIE HIGHWAY N MIAMI BEACH FL 33160				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City	05	Zip Code
				FL			

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

(Signature, typed or printed name of registered agent and title of applicant) (NAME: Registered Agent signature required when recasting) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, BARRY	12 NAME	<i>No longer with the firm please delete</i>
STREET ADDRESS	21151 NE 22 CT	13 STREET ADDRESS	
CITY-ST-ZIP	NO MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	O	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, BURTON	22 NAME	<i>C 3900 ISLAND BLVD B-307 NORTH MIAMI BEACH FL 33160</i>
STREET ADDRESS	2005 N.E. 197TH TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	O	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, ANDREW S.	32 NAME	<i>15010 SW 75 CT MIAMI FL 33158</i>
STREET ADDRESS	13380-D S.W. 91ST TERR.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPF, MITCHELL	42 NAME	<i>16302 NW 5th St Pembroke Pines, FL 33028</i>
STREET ADDRESS	6820 W LONGBOW BEND	43 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 111.02(9)(a), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF BONDED OFFICER OR DIRECTOR

1-16-95
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