

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90227 013 ***150.00

03/1/99

NON-PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S50450

1. Corporation Name
BERROCAL & WILKINS, A PROFESSIONAL ASSOCIATION



Principal Place of Business
 1070 EAST INDIANTOWN ROAD
 SUITE 310
 JUPITER FL 33477

Mailing Address
 1070 EAST INDIANTOWN ROAD
 SUITE 310
 JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 801 Maplewood Drive
 Suite, Apt. #, etc.
 22 22A
 City & State
 23 Jupiter, Florida
 Zip Country
 24 33458 25 USA

2a. Mailing Address
 26 801 Maplewood Dr.
 Suite, Apt. #, etc.
 27 22A
 City & State
 28 Jupiter, Fl
 Zip Country
 29 33458 30 USA

3. Date Incorporated or Qualified
05/01/1991

4. FEI Number
65-0259368

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

WILKINS, ROBERT W.
 1070 EAST INDIANTOWN ROAD
 SUITE 310
 JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 801 Maplewood Drive
 83 Suite 22A
 84 City **Jupiter** **FL** 85 Zip Code
 33458

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERROCAL, CARLOS J.	1.2 NAME	
STREET ADDRESS	1070 E INDIANTOWN RD 310	1.3 STREET ADDRESS	801 Maplewood Drive, #22A
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Jupiter, Fl 33458
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, ROBERT W.	2.2 NAME	XX
STREET ADDRESS	1070 E INDIANTOWN RD 310	2.3 STREET ADDRESS	801 Maplewood Drive #22A
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Jupiter, Fl 33458
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 746-7455
 Daytime Phone #

CR2E034 (1/98)