

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

**FILED**

**Mar 19 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 266225**

**(2)**

**1. Corporation Name:  
BERGGREN PROPERTIES INC**



**Principal Place of Business  
6150 ORANGE AVE.  
FT. PIERCE FL 34947**

**Mailing Address  
P.O. BOX 608  
FT. PIERCE FL 34954-0608**

**3. Date Incorporated or Qualified: 01/17/1962**  
**3a. Date of Last Report: 02/08/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number: 59-1038894**  
**Applied For: Not Applicable**

**21. Suite, Apt. #, etc.**

**26. Suite, Apt. #, etc.**

**5. Certificate of Status Desired:**   
**\$8.75 Additional Fee Required**

**22. City & State**

**27. City & State**

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

**23. Zip**

**Country**

**28. Zip**

**Country**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No**

**24.  25.**

**29.  30.**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BERGGREN, DAVID J.  
6150 ORANGE AVE.  
FORT PIERCE FL 34947**

**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 understand and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE:** (NOTE: Registered Agent signature required when reinstating) **DATE:**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
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-STATE-ZIP		3.4 CITY-STATE-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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-ZIP	

**14. I do 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 of this report, or on an attachment with an address.**

**SIGNATURE:** *David J. Berggren, Jr. Sr.* **7 March 1997 (561) 461-5568**

CR2E034 (9/96)