

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/17/1962**

4. FEI Number  
**59-1038894** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country

9. Name and Address of Current Registered Agent  
**BERGGREN, DAVID J.  
6150 ORANGE AVE.  
FORT PIERCE FL 34947**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGGREN, DAVID J SR.</b>	
STREET ADDRESS	<b>576 SW 34TH AVE.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGGREN, PEGGY</b>	
STREET ADDRESS	<b>576 S.W. 34TH AVENUE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGGREN, DAVID J.</b>	
STREET ADDRESS	<b>NORTH STATE RD. 98</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERGGREN, MARK E</b>	
STREET ADDRESS	<b>576 SW 34TH AVE.</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>VERO BEACH FL 32968</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32968</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>2487 SW 9TH LANE</b>
3.4 CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>543 23RD STREET SE</b>
4.4 CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Handwritten Signature]* 22 Jan 1998 (361) 461-5568

CP2E034 (10/97)