

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 295071 (5)**

1. Corporation Name  
**BERGERON LAND DEVELOPMENT, INC.**



Principal Place of Business: **2155 N. 184TH AVE. HOLLYWOOD FL 33081**  
Mailing Address: **2155 N. 184TH AVE. HOLLYWOOD FL 33081**

2. Principal Place of Business: **21 19612 S.W. 69 Place**  
Suite, Apt. #, etc.: **22 N/A**  
City & State: **23 Fort Lauderdale, Florida**  
Zip: **24 33332** Country: **25 U.S.A.**

2a. Mailing Address: **26 19612 S.W. 69 Place**  
Suite, Apt. #, etc.: **27 N/A**  
City & State: **28 Fort Lauderdale, Florida**  
Zip: **29 33332** Country: **30 U.S.A.**

3. Date Incorporated or Qualified: **07/21/1965**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1104806**  
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:  
**BERGERON, RONALD M. SR.  
21111 SW 16 STREET  
FT. LAUDERDALE FL 33326**

10. Name and Address of New Registered Agent:  
81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_  
85 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and time of application. (NOTE: Registered Agent's signature must be submitted.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BERGERON, RONALD M. SR.	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PD	BERGERON, RONALD M. SR.	1.2 NAME:	
STREET ADDRESS: 5801 SW 195TH TERR	FTLAUDERDALE, FL 00000	1.3 STREET ADDRESS: 19612 S.W. 69 Place	
CITY-ST-ZIP: FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP: Fort Lauderdale, Florida 33332	
TITLE: STD	NESS, FRANK	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: STD	NESS, FRANK	2.2 NAME:	
STREET ADDRESS: 4840 SW 70TH TERRACE	DAVE FL	2.3 STREET ADDRESS:	
CITY-ST-ZIP: DAVE FL		2.4 CITY-ST-ZIP:	
TITLE: VD	BERGERON, LONNIE T.	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: VD	BERGERON, LONNIE T.	3.2 NAME:	
STREET ADDRESS: 4839 SW 148 AVENUE, #503	FT. LAUDERDALE FL	3.3 STREET ADDRESS:	
CITY-ST-ZIP: FT. LAUDERDALE FL		3.4 CITY-ST-ZIP:	
TITLE: VD	BERGERON, RONALD M JR	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: VD	BERGERON, RONALD M JR	4.2 NAME:	
STREET ADDRESS: 5801 SW 195 TERR	FT LAUDERDALE FL	4.3 STREET ADDRESS:	
CITY-ST-ZIP: FT LAUDERDALE FL		4.4 CITY-ST-ZIP:	
TITLE: VD	BERGERON, LONNIE N	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: VD	BERGERON, LONNIE N	5.2 NAME:	
STREET ADDRESS: 20400 SW 51 ST.	FT LAUDERDALE FL	5.3 STREET ADDRESS:	
CITY-ST-ZIP: FT LAUDERDALE FL		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 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)(A), Florida Statutes. I further certify that the information 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: *Frank Ness* FRANK NESS 2-28-96 954-680-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)