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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

BERGERON LAND DEVELOPMENT, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						- I HOUINE HOUR HOURT BININ OBOIL HERBY HOUR BROWN BLOWN BY HILL	#I#II 0141	IT DIOTH HODE
19612 SW 69 PLACE FORT LAUDERDALE FL 33332 US		19612 SW 69 PLACE FORT LAUDERDALE FL 33332 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						07/21/1965		
	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	T_A _f	plied For
21		26				59-1104806		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired \$		Additional equired
City & Stat	e	Cily & State	–					May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current	year Int	angible
24	25 29 30			Personal Property Tax due June 30. Yes No				
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Age	<u>nt</u>	
BERGERON, RONALD M. SR. 21111 SW 16 STREET				81				
FT. LAUDERDALE FL 33326				62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
'''	DADDENDALL I C 33020			83				
				84	0.1.		-T - T	
			Ì	64	City	FL ⁸	S Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fforida 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 for if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typock or punted name of registered ago OFFICERS ANI		13.	Ager	il signature require	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTOR	RS IN 12
TITLE	PD	DELETE	1.1 TITLE				Change	Addition
NAME			1.2 NA	ME				
STREET ADDRESS			1.3 ST	REET #	ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CI	Y-ST	- ZIP			
TITLE	STO	☐ DELETE	2.1 117	LE	1	Ц	Change	☐ Addition
NAME	NESS, FRANK		2.2 NA	ME	İ			
STREET ADDRESS	4840 SW 70TH TERRACE Davie Fl.	1		2 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	VD VD	DELETE	2. 4 CI		r-zip	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	BERGERON, LONNIE T.	L_J pectic	3.2 NA			ы	CHAIGE	L_ AUGILION
STREET ADDRESS I	4000 014 440 41/2411/2 4/200			3.3 STREET ADDRESS				
CITY+ST-ZIP	ET LAUDEDDALE EL		3.4. CI		- 1			
TITLE	VD	DELETE	4.1 TITLE		<u> </u>		Change	☐ Addition
NAME	Bergeron, Ronald M Jr		4. 2 NAME		1			
STREET ADDRESS	5801 SW 195 TERR		4.3 STREET		address			
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-		- ZIP			
TITLE	VD	DELETE	5,1 TITLE				Change	☐ Addition
NAME	BERGERON, LONNIE N		5.2 NAME					ļ
STREET ADDRESS	20400 SW 51 ST.				ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	DELETE	5.4 CIT		-ZIP		Change	Addition
TITLE			6.1 TIT 6.2 NA				CHANGE	MUDICON
NAME PERCET ADADGES					ADDRESS			
STREET ADDRESS					ADDRESS 7/B			
CITY-ST-ZIP	sertify that the information supplied wi	ith this filing does not qualify fo	6.4 CIT or the exe			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.

3/1a/ax

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