

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:46

DOCUMENT # **387850** (1)

1. Corporation Name  
**BERGER-SAMUELS, INC.**

Principal Place of Business Mailing Address  
**6265 GULF BLVD. ST PETE FL 33706 US** **6265 GULF BLVD. ST PETE FL 33706 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/02/1971** 3a. Date of Last Report **01/28/1994**  
4. FEI Number **59-1358504** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing  \$5.00 May Be Added to Fees  
7. Trust Fund Contribution   
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **7395 Gulf Blvd.** 26 **Box 66160**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **St. Pete Beach 33706** 27 **St. Pete Beach, Fla. 33736**  
City & State City & State  
24 **33706** 25 **Pinellas** 29 **33736** 30 **Pinellas**  
Zip Country Zip Country

9. Name and Address of Current Registered Agent  
**FRED BERGER**  
**6265 GULF BLVD.**  
**ST PETERSBURG BCH FL 33706**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7395 Gulf Blvd.**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BERGER, FRED</b>
STREET ADDRESS	<b>6265 GULF BLVD.</b>
CITY - ST - ZIP	<b>ST PETE, FL 33706</b>
TITLE	<b>STD</b>
NAME	<b>DIKMAN, BEVERLY</b>
STREET ADDRESS	<b>6265 GULF BLVD.</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>V</b>
NAME	<b>GILBERT, DONALD T</b>
STREET ADDRESS	<b>4050 GULF BLVD</b>
CITY - ST - ZIP	<b>ST PETE, FL 33706</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	<b>7395 Gulf Blvd.</b>
1.4 CITY - ST - ZIP	<b>St. Pete Beach, Fla. 33706</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7395 Gulf Blvd.</b>
2.4 CITY - ST - ZIP	<b>St. Pate Beach, Fla. 33706</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7395 Gulf Blvd.</b>
3.4 CITY - ST - ZIP	<b>St. Pate Beach, Fla. 33706</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Fred Berger* 1-31-95 813/367-2724  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**Fred Berger, President**