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**Feb 05 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 # 387850 (1)

1. Corporation Name:
BERGER-SAMUELS, INC.



Principal Place of Business: **1135 SOUTH PASADENA AVENUE SUITE 237 ST. PETERSBURG FL 33707 US**
Mailing Address: **BOX 66160 ST. PETE BEACH FL 33736-6160 US**

3. Date Incorporated or Qualified: **09/02/1971** 3a. Date of Last Report: **02/19/1996**
4. FEI Number: **59-1358504** 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

2. Principal Place of Business: **2451 McMullen Booth Rd Oakbrook Tower-2nd Fl Suite 39 Clearwater, Fla. 34619 US**
2a. Mailing Address: **1634 Arabian Lane Palm Harbor, Fla. 34685 US**

9. Name and Address of Current Registered Agent: **FRED BERGER 1135 SOUTH PASADENA AVENUE # 237 ST. PETERSBURG FL 33707**
10. Name and Address of New Registered Agent: **1634 Arabian Lane Palm Harbor FL 34685**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BERGER, FRED		1.2 NAME:	
STREET ADDRESS: 1135 SOUTH PASADENA AVENUE, # 237		1.3 STREET ADDRESS: 1634 Arabian Lane	
CITY-ST-ZIP: ST. PETERSBURG FL		1.4 CITY-ST-ZIP: Palm Harbor, Fla. 34685	
TITLE: STD	<input type="checkbox"/> DELETE	2.1 TITLE: Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DIKMAN, BEVERLY		2.2 NAME:	
STREET ADDRESS: 1105 SOUTH PASADENA AVENUE, # 207		2.3 STREET ADDRESS: 1634 Arabian Lane	
CITY-ST-ZIP: ST. PETERSBURG FL		2.4 CITY-ST-ZIP: Palm Harbor, Fla. 34685	
TITLE: GILBERT, DONALD T	<input type="checkbox"/> DELETE	3.1 TITLE: Change	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILBERT, DONALD T		3.2 NAME: Harold Berger	
STREET ADDRESS: 1135 SOUTH PASADENA AVENUE, # 237		3.3 STREET ADDRESS: 1634 Arabian Lane	
CITY-ST-ZIP: ST. PETERSBURG FL		3.4 CITY-ST-ZIP: Palm Harbor, Fla. 34685	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: Change	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: Change	<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 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, unchanged, or on an attachment with an address.

SIGNATURE: **Fred Berger** 1/31/97 813/789-2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)