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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

(5)

DOCUMENT # 403787

MARVIN S. BERMAN, INC.

FILED Jan 31 1997 8:00am Secretary of State

Principal Pla 5700 STIRLIN HOLLYWOOD		Mailing Address 5700 STIRLING ROAD HOLLYWOOD FL 33021-1522						
					3. Date Incorporated or Qualified 06/26/1972	3a. Date 6		Report
	Place of Business	2a. Mailing Address			4. FEI Number		IA.	oplied For
21	1 2 51	26	····		59-1424930			ot Applicable
Sude, Apt. #, etc 22 City & State		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	3.6	City & State			6. Election Campaign Financing			May Be
Zipi	Country	28 	Countr	······································	Trust Fund Contribution			to Fees
24	25 29 30			,		has liability for intandible tax under s. 199.032,		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
BE	rman, marvin s	PPV	81	Name			***************************************	
8049 S.W. 20TH COURT DAVIE FL 33324			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	716 (6 000E7		83					
,					***************************************	···		
			84	City		FL 8	35 Zip	Code
11. Pursuan office or agent. I	I to the provisions of Sections 607.05: registered agent, or both, in the State am familiar with, and accept the oblig Signator, typed or perfect name of registered ag				poration submits this statement for the pation's board of directors. I hereby acception		anging it Iment as	ts registered registered
12.		ID DIRECTORS	13.	en signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.	PECTOE	25 IN 12
Tillf	PD	DELETE 1111		T	ADDITIONO/OTANGLO TO OFFIC		Change	Addition
NAME	BERMAN, MARVIN S	1.2 N					3	
STREET ADORESS	8049 S.W. 20TH COURT 13		1.3 STREE	T ADDRESS				
CITY-ST-ZIF	DAVIE FL 33324 1.44		1.4 CfTY-	ST-ZIP				
THILE			21 TITLE				Change	Addition
NAME	BERMAN, LENORE	221						
STREET ADORESS			2.3 STREE	T ADDRESS				
C-17 - S1 - ZIP			2.4 CITY -	ST-ZIP			····	
TITLE		DECETE 3.11					Change	L Addition
NAME			3.2 NAME					
STREET ADORESS				I ADDRESS				
CITY ST-ZIF			3.4. CITY - 4.1 TITLE	S1-ZIP			Change	Addition
NAME			4.2 NAME			Ų	אלוופיולפ	LI AUUIRUIT
STREE! ADDRESS				ADDRESS				
CITY - ST - ZIP	1 T		4.4 CITY-:					
TITLE		DELETE	5.1 TITLE	at : 68		П	Change	Addition
NAME			5.2 NAME					*****

6.4 CITY - \$1 - 7IP 14. I do hereby certify that the information supplied with this filling 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 epol 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 of trustee empowered to execute this report as required by (mapter 607, Florida Statutes; and that my name appears in Block, 12 or Block in if changed, or on an attact men.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-\$1-7IP

6.1 TITLE

5.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHTY - ST - 7IP

C-TY - \$1 - ZIF

TITLE

NAME

DELETE

Change

Addition