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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT Name	# 421	557	(0)						
BERK	shire in	/estments I	NC				F 1881 IF BOTOR (1881) HABO BURK (	BRARN S <b>a</b> an <b>a</b> hahi ah	<b>a</b> il 11811 <b>611</b>	H BIBII BIBII IBBI
Principal Place	of Business		Mai	ling Address						
573 S. STEWART 573 S. STEWART LOMBARD IL 60148										
							3. Date Incorporated or Qualified 03/20/1973	l l	of Last F 04/18/19	•
2. Principal Pla	ace of Busine	SS	2a.	Mailing Address			4. FEI Number			Applied For
21 Suite Act (	# oto		26	Code And Wash			36-2773390			Not Applicable
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	[]		Additional Required
City & State	·			City & State			6. Election Campaign Financing			0 May Be
Zip		Country	28	Zip	Count		Trust Fund Contribution	LJ	Adde	d to Fees
2.117	-  -	25	29	2.10	Count 30	ry	8. This corporation has liability for Florida Statutes	rintangible ta es [∃No	ix under s	199.032,
	9. Name	and Address of Cu		ered Agent			10. Name and Address of New		Agent	
					8	1 Name				
GRADDY, WILLIAM L 2100 SECOND ST FORT MYERS FL 33902				8	2 Street Add	liess (P.O. Box Number is Not Accepta	able)		<del> </del>	
					83					
FUNIN	MIENO PL S	3902								
					8	4 City		FL	85 Zi	o Code
or registere	ed agent, or t	ns of Sections 607, ooth, in the State of the obligations of	Florida. Such c	chance was authori	zed by the coi	named corporporation's boa	oration submits this statement for the pland of directors. I hereby accept the ap	urpose of cha pointment as	anging its r registered	egistered office Lagent. Lann
or registere familiar with SIGNATURE	ad agent, or the high and acception of the state of the s	oth, in the State of the obligations of, printed name of registered	Florida, Such e Section 607.09	change was authori 505, Florida Statute	ized by the coi es.	-named corporporation's boa	ard of directors. I hereby accept the ap	pointment as	registered	agent. I am
or registere familiar with SIGNATURE	ad agent, or the high and acception signature, typed or SD	oth, in the State of the obligations of, printed name of registered OFFICERS	Florida, Such of Section 607.05	change was authori 505, Florida Statute	ized by the coi is. IOTE: Registered As	poration's boa	and of directors. Thereby accept the ap	DATE FICERS AND	registered	agent. I am
or registere familiar with SIGNATURE.  12.  THE	ad agent, or the h, and acception of the state of the sta	oth, in the State of the obligations of, printed name of registered OFFICERS	Florida, Such of Section 607.05	change was authori 605, Florida Statute olicable (N	OTE: Registered A:  113.  1 1 TITL  1.2 NAM	rporation's boa	and of directors. Thereby accept the ap	DATE FICERS AND	registered	agent. I am
or registere femiliar with SIGNATURE	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authori 605, Florida Statute olicable (N	IZED by the constant of the co	rporation's boa	and of directors. Thereby accept the ap	DATE FICERS AND	registered	agent. I am
or registere fermiliar with SIGNATURE  12. THE NAME STREET ADDRESS C-TY-ST-7-P	ad agent, or the h, and acception of the state of the sta	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authori 605, Florida Statute olicable (N	OTE: Registered A:  113.  1 1 TITL  1.2 NAM	poration's bosened signature require  E  E  E  FI ADDRESS  -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change	RS IN 12
or registore femiliar with SIGNATURE.  12.  112.  114.  116.  116.  116.  117.  116.  117.	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authoricos, Florida Statute  Cleane (A.  ORS  DELETE	IZED by the colors.  IDIE: Registered Age  13.  1 1 TITL  1.2 NAM  1.3 STRE  1.4 CITY	poration's box  pent signature very re  E  E  E  E  T  ADDRESS  -ST - ZIP  E	and of directors. Thereby accept the ap	DATE FICERS AND	registered	agent. I am
OF TOGISLOVE familiar with SIGNATURE.  12.  11LE NAME STHEFT ADDRESS CTY-ST-7-P TITLE NAME	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authoricos, Florida Statute  Cleane (A.  ORS  DELETE	Zed by the coiss.  OTE Registered As  13.  1 1 Titl  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM	poration's box  pent signature very re  E  E  E  E  T  ADDRESS  -ST - ZIP  E	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change	RS IN 12
OF FOGUSIONE FARMING WITH CONTROL OF FARMING COLY-ST-74P TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  CORS  DELETE  DELETE	Zed by the coiss.  OTE Registered As  13.  1 1 Titl  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE  2.4 CITY	poration's box  ent signature reprint  E  E  E  ADDRESS  -ST-ZIP  E  E1 ADDRESS  -ST-ZIP	and of directors. Thereby accept the ap	DATE  FICERS AND	DIRECTO Change Change	RS IN 12 Addition
OF FOGISIONE FARMING WITH CONTROL OF THE CONTROL OF	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authoricos, Florida Statute  Cleane (A.  ORS  DELETE	Zed by the coiss.  OIE Registered As 13.  1 1 7/IL  1.2 NAM  1.3 SIRE  1.4 CITY  2.1 TITU  2.2 NAM  2.3 SIRE  2.4 CITY  3.1 TITU  3.1 TITU	poration's box  ent signature require  E  E  E  E  FI ADDRESS  E  EI ADDRESS  -SI - ZIP  E  EI ADDRESS	and of directors. Thereby accept the ap	DATE  FICERS AND	DIRECTO Change	RS IN 12
OF FORSISTORY FOR THE STREET ADDRESS CITY-ST-7:P TITLE NAME STREET ADDRESS CITY-ST-7:P TITLE NAME STREET ADDRESS CITY-ST-7:P TITLE NAME NAME	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  CORS  DELETE  DELETE	Zed by the coiss.  OIE Registered As 13.  1 1 7/1L  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE  2.4 CITY  3.1 TITL  3.2 NAM	poration's box  ent signature regure  E  E  E  E  ADDRESS  ST-ZIP  E  E  E1 ADDRESS  -S1-ZIP  E	and of directors. Thereby accept the ap	DATE  FICERS AND	DIRECTO Change Change	RS IN 12 Addition
OF TOGISLOVE ferniliar with SIGNATURE  12. TITLE NAME STHEET ADDRESS CITY-ST-7:P TITLE NAME STHEET ADDRESS CITY-ST-ZIP HILLE NAME STHEET ADDRESS STHEET ADDRESS STHEET ADDRESS	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  CORS  DELETE  DELETE	Zeed by the coings:   Tax	poration's box  port signature regure  E  E  E  E ADDRESS  -ST-ZIP  E  E1 ADDRESS  -ST-ZIP  E  E1 ADDRESS  -ST-ZIP  E  ET ADDRESS	and of directors. Thereby accept the ap	DATE  FICERS AND	DIRECTO Change Change	RS IN 12 Addition
OF TOGISLOVE familiar with SIGNATURE  12.  TITLE NAME STHEET ADDRESS CITY-ST-7:P TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	change was authoricos, Florida Statute  CORS  DELETE  DELETE	Zed by the coiss.  OIE Registered As 13.  1 1 7/1L  1.2 NAM  1.3 STRE  1.4 CITY  2.1 TITL  2.2 NAM  2.3 STRE  2.4 CITY  3.1 TITL  3.2 NAM	poration's box  port signature regure  E  E  E   ET ADDRESS  -ST-ZIP  E  ET ADDRESS  -ST-ZIP  E  ET ADDRESS  -ST-ZIP  E  ET ADDRESS  -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change	RS IN 12 Addition
OF TOGISTORE  FEMALE  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-7:P  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  ORS  DELETE  DELETE	Zed by the coiss.  OIE Registered As 13.  1 1 Till  1.2 NAM  1.3 SIRE  2.4 CITY  3.1 TILL  3.2 NAM  3.3 SIRE  3.4 CITY  3.4 CITY  3.4 CITY  3.4 CITY	poration's box  port signature regure  E  E  E  ET ADDRESS  -ST-ZIP  E  E  ADORESS  -ST-ZIP  E  E  ET ADDRESS  -ST-ZIP  E  E  ET ADDRESS	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition
OF TOGISLOVE  GETTIGET WITH  SIGNATURE  12.  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  ORS  DELETE  DELETE	20 by the coins.  13. 1 1 1/11 1.2 NAM 1.3 SIRE 1.4 CITY 2.1 TITU 2.2 NAM 2.3 SIRE 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITU 4.2 NAM	poration's box  port signature regure  E  E  E  ET ADDRESS  -ST-ZIP  E  E  ADORESS  -ST-ZIP  E  E  ET ADDRESS  -ST-ZIP  E  E  ET ADDRESS	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition
OF TOGISLOVE  FARMING WITH  SIGNATURE  12.  TITLE  NAME  STHEFT ADDRESS  CITY-ST-ZIP  TITLE  NAME  STHEET ADDRESS  CITY-ST-ZIP	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE	28 Dy the Coiss.  13. 1 1 Jil. 1.2 NAM 1.3 SIRE 1.4 CITY 2 1 TITL 22 NAM 2.3 SIRE 24 CITY 3 1 TITL 32 NAM 33 STRE 34 CITY 4 1 TITL 42 NAM 4.3 SIRE 4.4 CITY	poration's box  port signature regura  E  E  EI ADDRESS -ST-ZIP  EI ADDRESS -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTC Change Change Change	RS IN 12 Addition Addition Addition
OF TOGISLOVE  GARNATURE  12.  111.	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricos, Florida Statute  ORS  DELETE  DELETE	2	poration's box  port signature regura  E  E  E   ET ADDRESS -ST-ZIP  E  E  ET ADDRESS -ST-ZIP  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change Change	RS IN 12 Addition Addition
OF TOGISTORY FOR THE PROPERTY OF THE PROPERTY	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE	2	poration's box  port signature regura  E  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTC Change Change Change	RS IN 12 Addition Addition Addition
OF TOGISLOVE  GATHER WITH  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE	Zeed by the Colors   Tax	poration's box  port signature return  E  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTC Change Change Change	RS IN 12 Addition Addition Addition
OF TOGISLOVE fermiliar with SIGNATURE  12.  TITLE NAME STHEFT ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE	2	poration's box  port signature regura  E  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTC Change Change Change	RS IN 12 Addition Addition Addition
OF FOGISLOW  FERMINIAR WITH  SIGNATURE  12.  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  STREET ADDRESS  CITY-ST-ZIP  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THE  NAME	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE  DELETE	2	poration's box  port signature return  E  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition
or registere familiar with SIGNATURE.	Signature, typod on TOWER 573 S.	oth, in the State of the obligations of,  printed name of registered  OFFICERS  S, JEAN  STEWART	Florida, Such of Section 607.05	Change was authoricots, Florida Statute  ORS  DELETE  DELETE  DELETE  DELETE	Zeed by the Coings   Tax	poration's box  port signature return  E  E  E  ET ADDRESS -ST-ZIP  E  ET ADDRESS -ST-ZIP	and of directors. Thereby accept the ap	DATE FICERS AND	DIRECTO Change Change Change Change	PRS IN 12 Addition Addition Addition Addition

county 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: Jean James JEAN Towers Grill 19, 1996 (708)627-4375