

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

**APPROVED
AND
FILED**

55 MAY -1 PH 2-34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Susan A. Marman
Secretary of State
Tallahassee, FL 32304-0001

DOCUMENT # **421586**

(9)

1. CORPORATION NAME

BERSON INC

2. Principal Place of Business

**210 MOORING LINE DRIVE
NAPLES FL 33940**

3. Mailing Address

**210 MOORING LINE DRIVE
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

21. Date of Incorporation

21

Date of Last Report

22

City & State

23

City & State

24

City & State

26. Mailing Address

26

Date of Last Report

27

City & State

28

City & State

29

City & State

30

3. Date Incorporated or Organized
03/20/1973

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1744014

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

7. This corporation has applied for an exemption from under § 109(2)(c) Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

**TURNER, BERNARD L.
210 MOORING LINE DR.
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (Box Number is Not Acceptable)
83	
84	City FL Zip Code 85

11. I, the undersigned, being the registered agent for the corporation named above, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal place of business 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 **Turner, Bernard L.** and my telephone number is **(239) 592-4347**. Florida Statutes.

SIGNATURE

Signature of Turner, Bernard L.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	PHONE NUMBER	CHANGE	ADDITION
P	TURNER, BERNARD L.	801 ANCHOR RODE DRIVE	NAPLES FL	401-00-11-00	<input type="checkbox"/>	<input type="checkbox"/>
ST	SONNENSCHEIN, IRVING	10 COLUMBUS CIRCLE	NEW YORK NY	401-00-11-00	<input type="checkbox"/>	<input type="checkbox"/>
S	COX, JOE B. (ASST)	3411 TAMiami TRAIL NORTH	NAPLES FL	401-00-11-00	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b) Florida Statutes. I further certify that the information contained on the 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 the report as required by Chapter 109 Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attachment with an initials.

SIGNATURE:

Signature of Turner, Bernard L.

DIGITAL SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 7/29/94

813-261-7277

0481800

PP