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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90130 049 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 431281			
1. Corporation Name C.M. VAN DEN BERG CORPORATION			
Principal Place of Business 152 PARK AVE SOUTH WINTER PARK FL 32789-4315		Mailing Address 152 PARK AVE SOUTH WINTER PARK FL 32789-4315	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 1245 HOWELL POINT 27 Suite, Apt. #, etc. 28 WINTER PARK, FL 29 Zip Country 30 32792 Seminole	
9. Name and Address of Current Registered Agent VAN DEN BERG, CAROLINE 921 GEORGIA AVE WINTER PARK FL 32789		10. Name and Address of New Registered Agent 81 Name VAN DEN BERG, CAROLINE 82 Street Address (P.O. Box Number is Not Acceptable) 1245 HOWELL POINT 83 84 City WINTER PARK FL 85 Zip Code 32792	
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 <i>Caroline M. Van Den Berg</i> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME VAN DEN BERG, CAROLIN STREET ADDRESS 921 GEORGIA AVE CITY-ST-ZIP WINTER PARK FL 32789 TITLE ST <input type="checkbox"/> DELETE NAME VAN DEN BERG, EGERTON STREET ADDRESS 921 GEORGIA AVE CITY-ST-ZIP WINTER PARK FL 32789 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME VAN DEN BERG, CAROLINE 1.3 STREET ADDRESS 1245 HOWELL POINT 1.4 CITY-ST-ZIP WINTER PARK, FL 32792 2.1 TITLE SECY - TREAS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME VAN DEN BERG, EGERTON 2.3 STREET ADDRESS 1245 HOWELL POINT 2.4 CITY-ST-ZIP WINTER PARK, FL 32792 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Caroline M. Van Den Berg* **CAROLINE M. VAN DEN BERG** 407-622-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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