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May 21 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 # 519237 (2)
1. Corporation Name
BERGSTEN PROPERTY COMPANY



Principal Place of Business Mailing Address
~~119 N. KINGS AVE~~ ~~BRANDON FL 33510~~
~~419 N. KINGS AVE~~ ~~BRANDON FL 33510-4301~~

3. Date Incorporated or Qualified 01/01/1977 3a. Date of Last Report 03/27/1996
4. FEI Number 59-1704456 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 2a. Mailing Address
21 202 E. Old Hillsborough Ave Suite, Apt. #, etc. 2a. Suite, Apt. #, etc.
22 Seffner, FL 33584 City & State City & State SAME
23 Zip Country 28 Zip Country
24 Hillsborough 29 30

9. Name and Address of Current Registered Agent
BERGSTEN, RON J
~~4229 W. KENNEDY BLVD.~~
~~TAMPA FL 33600~~

10. Name and Address of New Registered Agent
81 Name SAME
82 Street Address (P.O. Box Number is Not Applicable) 202 E. Old Hillsborough Ave
83
84 City Seffner, FL FL 33584

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

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BERGSTEN, RONALD J	
STREET ADDRESS	4229 W. KENNEDY BLVD.	
CITY - ST - ZIP	TAMPA FL	
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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	202 E. Old Hillsborough Ave	New address
1.4 CITY - ST - ZIP	Seffner, FL 33584	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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 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 if changed, or on an attachment with an address.

SIGNATURE *Ron Bergsten* president, Sec. Tran 8136532166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)