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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR -7 AM 11:34

DOCUMENT # **556892** **(8)**

1. Corporation Name

**BERGER, HARRIS, TOOMBS, ELAM AND MCALPIN, C.P.A.
'S CHARTERED**

Principal Place of Business	Mailing Address
111 ORANGE AVE., STE. 300 FT. PIERCE FL 34950	111 ORANGE AVE., STE. 300 FT. PIERCE FL 34950

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1977	3a. Date of Last Report: 06/15/1994

2. Principal Place of Business 21	2a. Mailing Address 26 3150 CARDINAL DRIVE	4. FEI Number: 59-1785250 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 200	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23	City & State 28 VERO BEACH, FL	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 32963 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRIS, ROBERT R. 111 ORANGE AVE.,STE.300 SUITE 300 FORT PIERCE FL 33450	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3150 CARDINAL DRIVE 83 SUITE 200 84 City: VERO BEACH FL 85 Zip Code: 32963

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ROBERT R.	12 NAME	
STREET ADDRESS	111 ORANGE AVE.,STE.300	13 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BERGER, GARY A	22 NAME	
STREET ADDRESS	111 ORANGE AVE.,STE.300	23 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	TOOMBS, NORMAN E	32 NAME	
STREET ADDRESS	111 ORANGE AVE.,STE.300	33 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	ELAM, JAMES	42 NAME	
STREET ADDRESS	111 ORANGE AVE.,STE.300	43 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert R. Harris, CPA (407) 234-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT — Date — Daytime Phone #

0378291 CP