FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 05 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 # **556892** **(8)**

1. Corporation Name
BERGER, TOOMBS, ELAM & FRANK, C.P.A.'S CHARTERED

Principal Place of Business	Mailing Address
111 ORANGE AVE., STE. 300 FT. PIERCE FL 34950	3150 CARDINAL DRIVE SUITE 200 VERO BEACH FL 32963-1969 US

3. Date Incorporated or Qualified	3a. Date of Last Report
12/30/1977	04/05/1996

2. Principal Place of Business	2a. Mailing Address
21	26 111 Orange Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 300
City & State 23	City & State 28 Fort Pierce, FL
Zip 24 / Country 25	Zip 29 34950 / Country 30 USA

4. FEI Number **59-1785260** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERGER, GARY A 111 ORANGE AVENUE SUITE 300 FORT BEACH FL 32963	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, ROBERT R.		1.2 NAME		
STREET ADDRESS	111 ORANGE AVE.,STE.300		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT.PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, GARY A		2.2 NAME		
STREET ADDRESS	111 ORANGE AVE.,STE.300		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT.PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TOOMBS, NORMAN E		3.2 NAME		
STREET ADDRESS	111 ORANGE AVE.,STE.300		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT.PIERCE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELAM, JAMES		4.2 NAME		
STREET ADDRESS	111 ORANGE AVE.,STE.300		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT.PIERCE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	Britt W. Frank	
STREET ADDRESS			5.3 STREET ADDRESS	111 Orange Ave, Ste. 300	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Pierce, FL 34950	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: SIGNATURE REQUIRED James H. Elam 4-28-97 561-461-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #