

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10: 04

DOCUMENT # 603267 (6)

1. Corporation Name
BERGER & MILLER, P.A.

Principal Place of Business Mailing Address
333 NW 70 AVE 333 NW 70 AVE
PLANTATION FL 33317-2358 PLANTATION FL 33317-2358

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/09/1971** 3a. Date of Last Report **03/24/1994**

4. FEI Number **59-1366609** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$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 State, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAVENDER, JOEL
2300 E. LAS OLAS BLVD.
FORT LAUDERDALE FL 33301

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

Signature (date or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **PD**
NAME **BERGER, PAUL E**
STREET ADDRESS **333 NW 70TH AVE.**
CITY, ST, ZIP **PLANTATION FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE **TD**
NAME **MILLER, ROBERT J.**
STREET ADDRESS **333 NW 70TH AVE.**
CITY, ST, ZIP **PLANTATION FL**

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY-ST-ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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. I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in file 6, 12 or 1 block 13 of a completed or uncompleted document with an address.

SIGNATURE: x

[Handwritten Signature]

(PRINT AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

2/15/95

Date

3057917520

Signature Screen #