

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90026 039 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **F07617**

1. Corporation Name  
**FRED BERGER & ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1135 S. PASADENA AVE**  
**OAKBROOK TOWERS-SUITE 59**  
**CLEARWATER FL 34619**  
 US

Mailing Address  
**1634 ARABIAN LANE**  
**PALM HARBOR FL 34685**  
 US

3. Date Incorporated or Qualified  
**12/02/1980**

4. FEI Number  
**59-2093764**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **2451 McMULLEN BOOTH RD**  
 Suite, Apt. #, etc.  
 22 **SUITE 592**  
 City & State  
 23 **CLEARWATER, FL**  
 Zip Country  
 24 **34619** 25 **FLORIDA**

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 **PALM HARBOR** 30 **FL**

9. Name and Address of Current Registered Agent  
**BERGER, FRED**  
**1634 ARABIAN LANE**  
**PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent  
 81 Name **HAROLD F. BERGER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1634 ARABIAN LANE**  
 83  
 84 City **PALM HARBOR** FL 85 Zip Code **34685**

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]* **do do Y Pmo.** DATE **4-5-99**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>HAROLD BERGER</b>	
STREET ADDRESS	<b>1634 ARABIAN LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<del>PD</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del><b>BERGER, FRED</b></del>	
STREET ADDRESS	<del><b>1634 ARABIAN LANE</b></del>	
CITY-ST-ZIP	<del><b>PALM HARBOR FL</b></del>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>DIKMAN, BEVERLY</b>	
STREET ADDRESS	<b>1634 ARABIAN LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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: *[Signature]* **do do Y Pmo.** DATE **4-5-99** 727 781-0390

CORPENS4 (11/98)