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**PROFIT CORPORATION** ANNUAL REPORT



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

1996

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••	Name RD BERMAN, P.A.								
Dringing! Place	of Business	Mailing Add					I HING ONI BARA O		
Principal Place of Business  C/O BERNARD BERMAN  B88 S ANDREWS AVE #2038		C/O BEF 888 S AI	C/O BERNARD BERMAN 888 S ANDREWS AVE #2038						
FT. LAUDERD	ALE FL 33316	FT. LAUE	DERDALE FL :	33316		3. Date Incorporated or Qualifit 10/29/1981		ite of Last R <b>05/01/19</b>	
2. Principal Pla	ce of Business	2a. Mailing	Address			4, FEI Number 59-2132334	<u> </u>		Applied For Not Applicable
Suite, Apt. #	, etc.		pt. #, etc.			5. Certificate of Status Desired	, $\square$		Additional Required
City & State		27 City & S	State		<u> </u>	6. Election Campaign Financin	g 🗆	\$5.0	0 May Be
23		28				Trust Fund Contribution			d to Fees
Ζιρ <b>24</b>	Country 25	Ζφ <b>29</b>		Country 30		_	Yes No		199.032,
	9. Name and Address of Curr	rent Registered A	gent	81	Name	10. Name and Address of Ne	w Registere	d Agent	· <del>· · · · · · · · · · · · · · · · · · </del>
DECKLAN	L DEDALADO			62					
	i, Bernard Ndrews ave #203B				Street Add	iress (P.O. Box Number is Not Acce	ptable)		
FT. LAUDERDALE FL 33316									
, , , _ ,				84	City		F	. 85 Zi	p Code
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or registere	ed agent, or both, in the State of Fi h, and accept the obligations of, S	lorida. Such chanoe	was authoriz	ed by the corp	named corpo poration's boa	pration submits this statement for the ard of directors. I hereby accept the	appointment a	as registered	l agent. I am
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certify triat 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 it 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 en on attachment with an address.

CR2E034 (12/95)