

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

FILED  
Apr 29 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 # F56769 (5)  
1. Corporation Name  
BERTON-KING ASSOCIATES, INC.



Principal Place of Business  
7300 58TH STREET NORTH  
PINELLAS PARK FL 34685-4256

Mailing Address  
7300 58TH STREET NORTH  
PINELLAS PARK FL 33761-4256

3. Date Incorporated or Qualified 12/01/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2148911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5810 1/2 PARK BLVD Suite, Apt. #, etc. 22 City & State 23 PINELLAS PARK, FL Zip 24 33781 Country 25 USA	2a. Mailing Address 26 19714 1/2 GULF BLVD Suite, Apt. #, etc. 27 City & State 28 INDIAN SHORES, FL Zip 29 33785 Country 30 USA
---	---

9. Name and Address of Current Registered Agent  
BROIDA, JOEL D.  
805 75TH AVE.  
ST. PETERSBURG FL 33706

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	KING, STEPHEN B	1.2 NAME	KING, STEPHEN B.
STREET ADDRESS	7300 58TH STREET NORTH	1.3 STREET ADDRESS	19714 1/2 GULF BLVD
CITY - ST - ZIP	PINELLAS PARK, FL 00000	1.4 CITY - ST - ZIP	INDIAN SHORES, FL. 33785
TITLE	D	2.1 TITLE	D
NAME	KING, ALBERTA B	2.2 NAME	KING, ALBERTA B
STREET ADDRESS	7300 58TH STREET NORTH	2.3 STREET ADDRESS	19714 1/2 GULF BLVD.
CITY - ST - ZIP	PINELLAS PARK, FL 00000	2.4 CITY - ST - ZIP	INDIAN SHORES, FL. 33785
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: STEPHEN B. KING 4/22/97 813-593-1037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)