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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name

F9400002932 (1)

BERRYMAN & HENIGAR, INC.

Principal Place of Business Mailing Address

FILED Apr 19, 1996 08:00 AM **Secretary of State**

City & State 23 \$\int A N P \int C O \ CA	16880 WEST BERNARDO DRIVE SAN DIEGO CA 92127		16890 WEST BERNARDO DRIVE SAN DIEGO CA 92127					
21								
Suite, Apt. #, etc. 22			2a. Mailing Address					Applied For
See Required See	21 115 90 L	J. BERNARDO CT	26 115 90 W.	BERRA	UMR	DO CT	33-0601927	Not Applicable
Trust Fund Contribution Added to Fees Zip Country Zip Country Added to Fees Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s 199 032. Fiorida Statutes Two 20 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CZARNECKI, EDWARD L 640 EAST HIGHWAY 44 CRYSTAL RIVER FL 34429 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 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, byted or printed name of registered agent as thard applicable. (NOII) Registered Agent signature registed when rejected that application agent as thard applicable. (NOII) Registered Agent signature registed when rejected that application and of the CERS AND DIRECTORS IN 12	Suite, Apt. #, 22	elc.	——————————————————————————————————————		5. Certificate of Status Desired	1 1		
Zip Country 25		115 KU (A		10 (^ A	_		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name CZARNECKI, EDWARD L 640 EAST HIGHWAY 44 CRYSTAL RIVER FL 34429 83 84 Oity FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statules, 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, typed or printed name of registered agent are timel agent and timel agent are timel agent agent are timel agent agent agent agent agent agent agent agent agent are timel agent ag			+				····•	Added to Fees
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CITY-ST-ZIP 6 4 CITY-ST-ZIP 6 4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further		certify that the information supplied w	ith this filing is voluntarily fur				for the exemption stated in Section 119	.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. BERRY MAN LANGE

(19/45/-6/00 Daysma Phone #