

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G73029**

(2)

1. Corporation Name

CHERYL A. BERWISHT, R.P.T., P.A.

Principal Place of Business

**3874 SHERIDAN ST., SUITE B
HOLLYWOOD FL 33021-0634**

Mailing Address

**3874 SHERIDAN ST., SUITE B
HOLLYWOOD FL 33021-0634**



2. Principal Place of Business		2a. Mailing Address	
21	2750 N 29 Ave	26	2750 N 29 Ave
Suite, Apt. #, etc. #310		Suite, Apt. #, etc. #310	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
24	33020	29	33020
25	USA	30	U.S.A

3. Date Incorporated or Qualified 12/05/1983	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2359111	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**BERWISHT, CHERYL
3874 SHERIDAN ST.
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81	Name BERWISHT, CHERYL
82	Street Address (P.O. Box Number is Not Acceptable) 2750 N 29 Ave #310
83	
84	City HOLLYWOOD
85	Zip Code FL 33020

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

Cheryl Berwist

S-1-96

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BERWISHT, CHERYL	1.2 NAME	BERWISHT, CHERYL
STREET ADDRESS	3874 SHERIDAN ST	1.3 STREET ADDRESS	2750 N 29 Ave #310
CITY - ST - ZIP	HOLLYWOOD FL	1.4 CITY - ST - ZIP	HOLLYWOOD FL 33020
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

Cheryl Berwist **CHERYL BERWISHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-1-96

954 923-3400

DATE

Daytime Phone #

CR2E034 (12/95)