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

**CORPORATION ANNUAL REPORT** 

1**99**8



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G73029
1. Corporation Name
CHERYL A. BERWISHT, R.P.T., P.A.

(2)

**FILED** Apr 22 1998 8:00am Secretary of State



Principal Place of Bu						L 19910P1 DBAY 1984 D 14413 B 0148 A			
		Mailing Addres				* ******* ***** ***** ***** ***** ***** ****	<b></b>	, 4191) <b>PIB</b> IT	
2750 NORTH 28TH 4	AVENUE	2750 NORTH SUITE 310	29TH AVENUE						
4011-1000 FL 63020			HOLLYWOOD FL 33020			DO NOT WRITE IN THIS SPACE			
US		US	US			3. Date Incorporated or Qualified 12/05/1963			
2. Principal Place of	Business	2a. Mailing Add	dress			4. FEI Number			Applied For
21 <b>22229 Sherid</b>	an Street, Suite 28	1 29300 Ch	29389 Sharidan Street, Suite 281			59-2359111			Not Applicable
Hollywood; F	<b>Florida 330</b> 21-3606	A I STATE SOURCE PROTE	d, Florida	33021-	9 28 1 3606	5, Certificate of Status Desired	. 🗆		5 Additional Required
City & State		City & State	)			6. Election Campaign Financin	ng .	\$5.0	O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	_	Country		8. This corporation owes or ha		<b>-</b> '	
24	25	29	30			Personal Property Tax due		Yes	∐ No
	Name and Address of Curren	it Hegistered Agent	<u> </u>	81 Na		10. Name and Address of Nev	w Hegistered	Agent	
	HT, CHERYL			01 1/18	me				
	PRTH 29TH AVENUE				eet Addres	ress (P.O. Box Number is Not Acceptable)			
- <del>95/15-3</del> 1					3	3389 Sheridan Street, Suite 281			
HULLYW	<del>(000 FL 0302</del> 0			83	H	Charles of	, <b>Juile 2</b> (	37	
				84 Cit	V		021-360	Gas Z	ip Code
	_					X	<u>FL</u>	. [ ]	
			rida Statutes, th	ne above-nai	ned corpor	ation submits this statement for t	the purpose of	changing	g its registered
11. Pursuant to the p	provisions of Sections 607.050	12 and 607.1508, Flo	naa wac autha	rizad butba	anconstian				as registered
office or realster	provisions of Sections 607.050 ed agent, or both, in the State liar with, and accept the obligi	of Florida, Such cha	ange was autho	rized by the Statutes.	corporation	is board of directors. Thereby a	ccepi ine app	· Ciritario in	
office or registers agent. I am famil	ed agent, or both, in the State liar with, and accept the obliga	of Florida. Such cha ations of, Section 60	ange was autho 7.0505, Florida	Statutes.					
office or registers agent. I am famil SIGNATURE Signature	ed agent, or both, in the State liar with, and accept the obliga- by typed or printed name of registered age	of Florida, Such cha ations of, Section 60 on and title if applicable.	ange was autho 7.0505, Florida (NOTE: Regi	Statutes.		when reinstating)	DATE		ORS IN 12
office or register agent. I am famil SIGNATURE Signature	ed agent, or both, in the State liar with, and accept the obliga	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	ange was autho 7.0505, Florida (NOTE: Regi	Statutes.  Istered Agent sig		when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECT	
office or register agent. I am famil SIGNATURE  SIGNATURE  12.  TITLE	ed agent, or both, in the State liar with, and accept the obliga s typed or printed name of registered age OFFICERS ANI	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	nnge was autho 7.0505, Florida (NOTE Regi	Statutes.  stered Agent sig  13.  1.1 TITLE		when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECT	
office or register agent. I am familistication of the second seco	ed agent, or both, in the State liar with, and accept the obliga • typed or printed name of registered age OFFICERS ANI RWISHT, CHERYL	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	ange was autho 7 0505, Florida INOTE: Regi	Statutes.  Instered Agent sig  13.  1.1 TITLE  1.2 NAME	nature required t	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECT	
office or register agent. I am familistication of the second of the seco	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	nge was autho 7 0505, Florida (NOTE: Regi	Statute's.  stered Agent sig  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR	nature required t	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECT	
office or register agent. I am familistication of the second of the seco	ed agent, or both, in the State liar with, and accept the obliga • typed or printed name of registered age OFFICERS ANI RWISHT, CHERYL	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	nge was autho 7 0505, Florida (NOTE: Regi	Statute's.  stered Agent sig  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP	nature required t	when reinstating)	DATE DEFICERS AND	DIRECTO Change 281 3606	e Addition
office or register agent. I am familistication for the signature signature street Address City-st-zip Title	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	DELETE	Statutes.  stered Agent sig  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE	nature required t	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECT	e Addition
office or register agent. I am familistic signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS STREET AD	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	DELETE	Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	nature required to	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTO Change 281 3606	e Addition
office or register agent. I am familistic signature  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 on and title if applicable. D DIRECTORS	DELETE	Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR	ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTO Change 281 3606	e Addition
office or register agent. I am familistic signature  12.  12.  11TLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 by, and title if applicable. D DIRECTORS	DELETE	Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 2.3 STREET ADDR 2.4 CITY-ST-ZIP	ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change	e Addition
office or register agent. I am familistic agent. I am familistic agent. I am familistic agent. I agent	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 by, and title if applicable. D DIRECTORS	DELETE  DELETE	Statutes.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE	ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTO Change 281 3606	e Addition
office or register agent. I am familistic agent. I am familistic agent. I am familistic agent. I am familistic agent. I	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 by, and title if applicable. D DIRECTORS	DELETE  DELETE	Statutes.  stered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change	e Addition
office or register agent. I am familistic agent. I agen	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 by, and title if applicable. D DIRECTORS	DELETE  DELETE	Statute's.  Interest Agent signal.  Interest Address Interest I	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change	e Addition
office or register agent. I am familistic agent. I agen	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60	DELETE  DELETE	Statutes.  stered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.3 STREET ADDR 3.4 CITY-ST-ZIP	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTI Chang 281 3606 Chang	e Addition  Addition  Addition
office or register agent. I am familistic agent. I agen	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60	DELETE  DELETE  DELETE	Statutes.  Interest Agent signal.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDR  3.4 CITY-ST-ZIP  4.1 TITLE	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change	e Addition  Addition  Addition
office or register agent. I am familistic agent. I agen	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60	DELETE  DELETE  DELETE	Statutes.  stered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTI Chang 281 3606 Chang	e Addition  Addition  Addition
Office or register agent. I am familistic signature  12.  117.  117.  12.  117.  13.  14.  15.  15.  16.  17.  17.  17.  17.  17.  17.  17	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60	DELETE  DELETE  DELETE	Statutes.  stered Agent sig  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.3 STREET ADDR	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTI Chang 281 3606 Chang	e Addition  Addition  Addition
Office or register agent. I am familistic age	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 or and tile if applicable. D DIRECTORS	DELETE  DELETE  DELETE	Statutes.  stered Agent sig  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change Change	e Addition  Addition  Addition  Addition
Office or register agent. I am familistic age	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 or and tile if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE	Statutes.  stered Agent sig  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE	ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTI Chang 281 3606 Chang	e Addition  Addition  Addition  Addition
Office or register agent. I am familiaria fa	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 or and tile if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE	Statutes.  13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-SI-ZIP 5.1 TITLE 5.2 NAME	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change Change	e Addition  Addition  Addition  Addition
Office or register agent. I am familistic age	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida, Such cha ations of, Section 60 or and tile if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE	Statutes.  stered Agent sig  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.4 CITY-ST-ZIF 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change Change	e Addition  Addition  Addition  Addition
Office or register agent. I am familiary famil	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida. Such cha ations of, Section 60 by and title if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE	Statutes.  13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 6.4 CITY-ST-ZIP 6.5 STREET ADDR	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change 281 3606 Change Chan	e Addition  Addition  Addition  Addition
Office or register agent. I am familistic age	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida. Such cha ations of, Section 60 by and title if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE  GELETE  GELETE	Statutes.  stered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.2 NAME 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 6.5 STREET ADDR	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change Change	e Addition  Addition  Addition  Addition
Office or register agent. I am familiary famil	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida. Such cha ations of, Section 60 by and title if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Statutes.  13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 6.4 CITY-ST-ZIP 6.5 STREET ADDR	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change 281 3606 Change Chan	e Addition  Addition  Addition  Addition
Office or register agent. I am familiaria signature  12.  12.  117.  12.  13.  14.  15.  15.  16.  17.  17.  17.  17.  17.  17.  17	ed agent, or both, in the State liar with, and accept the oblig:  by typed or printed name of registered age OFFICERS ANI  RWISHT, CHERYL  50 N 29 AVE #310	of Florida. Such cha ations of, Section 60 by and title if applicable. D DIRECTORS	DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	Statutes.  stered Agent sig 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.3 STREET ADDR 3.4 CITY-ST-ZIF 4.2 NAME 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 6.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE	ESS ESS ESS	when reinstating)  ADDITIONS/CHANGES TO O	DATE DEFICERS AND	DIRECTION Change 281 3606 Change Chan	e Addition  Addition  Addition  Addition

officer or director of the corporation 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 a 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.

Minul Rest

11-16-98 9549233400