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

G73210 DOCUMENT #

(8)

G. BERGER REALTY, INC.

1250 E. HALLANDALE BEACH BLVI)
HALLANDALE FL 33009	

Principal Place of Business

Mailing Address

1250 E. HALLANDALE BEACH BLVD SUITE 501A HALLANDALE FL 33009-4634



				US				3.	12/12/1983	3 a . Da	05/16/1995	
2.	Principal Place of Busin	ess	2a.	Mailing Address				4.	FEI Number		Applied For	
21			26						59-2383821		Not Applicable	
22	Suite, Apt. #, etc.		27	Suite. Apt. #, etc	o.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
23	City & State		28	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24	Zip	Country 25	29	Zip	700 Cour	ntry		8.	This corporation has liability for Florida Statutes	intangible No	tax under s 199.032,	
	9. Name	and Address of Cur	rent Regis	tered Agent				10.	Name and Address of New I	registered	J Agent	
Berger, Gertrude 1250 e Hallandale BCH BLVD.						81 82						
	HALLANDALE FL				Ĺ	83						
11	Pursuant to the provisi	ions of Sections 607 0	502 and 60	7 1508 Florids St		84	•	Line a	submite this elatoment for the ou	Fl	85 Zip Code	

or registered agent, or both, in the State of Florida. Such change was author zed 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.

12.	OFFICERS AND DIREC		TIE Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TIFLE	Change Additio
NAME	Berger, Gertrude		1 2 NAME	
STREET ADDRESS	1250 E HALLANDALE BCH B.		1.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL		1.4 C/TY-SF-7/P	
TITLE		DELETE	2 1 TIFLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY+ST-ZIP			2.4 City - St - ZiP	
ILLE		☐ DELETE	3 1 THLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CHTV - ST - 7IP	
NTLE		☐ DELETE	4 1 THTLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STHEET ADDRESS	
CITY-ST-ZIP			4.4 C/TY - S1 - ZIP	
THTLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 C:TY - ST - Z:P

6 1 TITLE

6.2 NAME

SIGNATURE: _

CITY-ST-7IP

STREET ADDRESS

TITLE

NAME

DELETE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

Addition