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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G91039

(9)

BERRY DEVELOPMENT CORPORATION OF FLORIDA

Principal Place of Business 7801 LUXBURY PL. TAMPA FL 33614 US		Mailing Address				
		PO BOX 272092 TAMPA FL 33688-2082 US				
2. Principal Place of Business		2a. Mailing Address				
Suite, Apt. #, etc. 22 City & State		Suite, Apt. #, etc. 27 City & State 28				

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1984

2, Principal Place of Business		2a, Mailing Add	2a. Mailing Address			4, FEI Number	Aŗ	oplied For	
21		26				59-2452502	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired	
		City & State	/ & State			6. Election Campaign Financing	 	May Be	
23						Trust Fund Contribution	Added		
Zip	Country Zip Cou			untry	ntry 8. This corporation owes or has paid the current year Intangible				
24	25 29 30			Personal Property Tax due June 30. Yes No					
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Age	nt		
BERRY, ROBERT E.				81	Name				
7901 LUXBURY PL. TAMPA FL 33614			82 Street Address (P.O. Box Number is Not Acceptable)						
			83						
			84	City	8	e 7in	Code		
					•	PL	· '		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al office or registered agent, or both, in the State of Florida, Such change was authorized 					-named corpo	oration submits this statement for the purpose of cha	inging it	s registered	
agent. I a	im familiar with, and accept the	obligations of, Section 607.	ge was autriorize 0505, Florida Sta	ea by itules	tne corporatio	on's board of directors. I hereby accept the appointi	nent as	registered	
SIGNATURE									
	Signature, typed or printed name of register		(NOTE: Registers	ed Ager	nt signature required	a when reinstating) DATE			
12.	OFFICER	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTOR	IS IN 12	
TITLE	P	☐ DE	LETE 1.1 T	1116			Change	Addition	
NAME	BERRY, ROBERT E.		121	IAMÉ					
STREET ADDRESS	7901 LUXBURY PL.		138	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL			IIY-ST	- ZIP				
TITLE	V ATTOMICS	☐ DE	LETE 21 T	ITLE		. 🗆	Change	Addition	
NAME	BERRY, STEVEN M.		2.2 h	IAME					
STREET ADDRESS	3714 VILLAGE ESTATES		2.3 \$	TREET A	ADDRESS			i	
CITY-ST-ZIP	TAMPA FL			CITY - ST	T-ZIP				
TITLE		☐ DE	LETE 3.1 T	ITLE	į	LJ	Change	☐ Addition	
NAME			3.2 N	IAME	ŀ				
STREET ADDRESS			3.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	-	Па,		NTY-SI	T-ZIP				
TITLE		☐ D£				LI.	Change	Addition	
NAME			4.21						
STREET ADDRESS					ADDRESS			-	
CITY-ST-ZIP	- <u>-</u>	F or		IY-ST	- ZIP				
TITLE		<u> </u>				LJ	Change	Addition	
NAME	•		5.2 N					İ	
STREET ADDRESS	*				ADDRESS				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	T income		ITY-ST	- ZIP				
THLE		☐ DEI			Ì		Change	☐ Addition	
NAME			6.2 N						
STREET ADDRESS					DDRE\$S				
CITY-ST-ZIP	partifu that the information arrest	ad with this files does t	6.4 C	TY-ST-	-7(P				
14. Thereby 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 at 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 careful or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 attachment with an address.									

IGNATURE LAND HOUSE KARRY

1.01-00 010-000-01111