


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90123 011 ***150.00

0073682

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H00430**

1. Corporation Name

BERARD OF ORLANDO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business % RICHARD M. WILLIAMS 1690 W. BARTON STREET LONGWOOD FL 32750	Mailing Address % RICHARD M. WILLIAMS 1690 W. BARTON STREET LONGWOOD FL 32750
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3. Date Incorporated or Qualified 04/24/1984
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2. Principal Place of Business 21 1000 N. CR. 427 Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27
City & State 23 LONGWOOD, FL Zip 24 32750 Country 25 USA	City & State 28 Zip 29 Country 30

4. FEI Number 59-2411712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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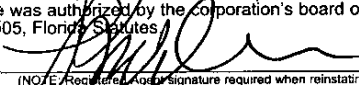
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent WILLIAMS, RICHARD M. 1690 W. BARTON STREET LONGWOOD FL 32751
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 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 **RICHARD M. WILLIAMS**  DATE **1-9-99**

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, RICHARD M. 1690 W. BARTON ST. LONGWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, ELIZABETH A. 1690 W. BARTON ST. LONGWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, RICHARD M., JR 1719 E. MARKS ST. ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like employees.

SIGNATURE: **RICHARD M. WILLIAMS**  DATE **1-9-99** DAYTIME PHONE # **407-834-1077**

CR2E034 (11/98)