

May 28 1997 8:00am  
Secretary of State

14. I do 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, unchanged, or on an attachment with an address.

**SIGNATURE:** *Robert Sharp* 5/20/97 407 647 5949



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

DOCUMENT # **H13065** (8)  
1. Corporation Name  
**BERKSHIRE GROUP, INC.**



Principal Place of Business	Mailing Address
1057 MINNESOTA AVE WINTER PARK FL 32789 US	1057 MINNESOTA AVE WINTER PARK FL 32789-4896 US

<b>2.</b> Principal Place of Business		<b>2a.</b> Mailing Address	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
<b>24</b>	Country	<b>29</b>	Country

9. Name and Address of Current Registered Agent	
<b>SHARPSTEIN, ROBERT</b> <b>310 LAKE SEMINARY CIRCLE</b> <b>MAITLAND FL 32751</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation has changed its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I, the undersigned, who is a duly authorized officer or agent of the corporation, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS		13.	
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	DP			1.2 NAME	
STREET ADDRESS	SHARPSTEIN, ROBERT			1.3 STREET ADDRESS	
CITY - ST - ZIP	310 LAKE SEMINARY CIRCLE			1.4 CITY - ST - ZIP	
	MAITLAND FL				
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	
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	
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	
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	
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	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified <b>07/19/1984</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2427715</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent		
(P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

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