


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

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90051 027 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # H60578

1. Corporation Name
BERKOWITZ DEVELOPMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business % JEFFREY L. BERKOWITZ 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133 | Mailing Address % JEFFREY L. BERKOWITZ 2665 S. BAYSHORE DR. #1200 COCONUT GROVE FL 33133 |
|---|---|

| | |
|--|---|
| 3. Date Incorporated or Qualified 05/31/1985 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. FEI Number 65-0056449 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 30 |
|---|--|----|

9. Name and Address of Current Registered Agent

**BERKOWITZ, JEFFREY L.
2665 S. BAYSHORE DR. #1200
COCONUT GROVE FL 33133**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | PDT | <input type="checkbox"/> DELETE |
| NAME | BERKOWITZ, JEFFREY L. | |
| STREET ADDRESS | 2665 S BAYSHORE DR #1200 | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | CHIMELIS, PATRICIA A | |
| STREET ADDRESS | 2665 S. BAYSHORE DR., #1200 | |
| CITY-ST-ZIP | COCONUT GROVE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | VPS/CFO |
| 2.3 STREET ADDRESS | DAVID M. SINGER |
| 2.4 CITY-ST-ZIP | 2665 S. BAYSHORE DRIVE, STE #1200 COCONUT GROVE, FL 33133 |
| 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 empowered.

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

Date _____ Daytime Phone # _____

CR2E034 (1/198)