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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:45

DOCUMENT # **K11047** **(3)**

1. Corporation Name
ALAN R. BERLINER, C.P.A., P.A.

Principal Place of Business	Mailing Address
% ALAN R. BERLINER #201 POMPANO BEACH FL 33069 US	150 SW 12TH AVE #201 POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1988
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business
21 4410 N State Rd 7
22 Suite, Apt. #, etc. #100
23 City & State Ft. Lauderdale, Fl
24 Zip 33319
25 Country Broward

2a. Mailing Address
26 4410 N State Rd 7
27 Suite, Apt. #, etc. #100
28 City & State Ft. Lauderdale, Fl.
29 Zip 33319
30 Country Broward

4. FEI Number: 65-0020730 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BERLINER, ALAN R.
150 SW 12TH AVE
#201
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name: BERLINER, ALAN R.
82 Street Address (P.O. Box Number is Not Acceptable): 4410 N STate Road 7
83 #100
84 City: Ft. Lauderdale, 85 FL Zip Code 33319

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President ☒ Change ☐ Addition
NAME	BERLINER, ALAN R	1.2 NAME	Berliner, Alan R
STREET ADDRESS	150 SW 12TH AVE #201	1.3 STREET ADDRESS	4410 N STate Road 7
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33319
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Alan Berliner 4-15-95 (305) 484-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

0118180 CP