

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K21250**

**(1)**

1. Corporation Name

**DANIA PROFESSIONAL BUILDING CORPORATION, INC.**



Principal Place of Business

Mailing Address

4 WEST DANIA BCH. BLVD.  
DANIA FL 33004

4 WEST DANIA BCH. BLVD.  
DANIA FL 33004

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

3. Date Incorporated or Qualified

**04/14/1988**

3a. Date of Last Report

**03/27/1995**

4. FEE Number

**65-0043374**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

Signature, Type or Print Name of Registered Agent or Officer Appointed

NOTE: Registered Agent's signature required when resubstituted

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKEN, GILBERT H.		1.2 NAME	
STREET ADDRESS	4 WEST DANIA BCH. BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: X** *Sandra B. Mortnam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GILBERT BERKEN MD*

**1-19-96**

**925-6969**

Daytime Phone #

CR2E04 (12/95)