



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

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90006 025 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K21250</b> 1. Corporation Name <b>DANIA PROFESSIONAL BUILDING CORPORATION, INC.</b>					
Principal Place of Business 4 WEST DANIA BCH. BLVD. DANIA FL 33004			Mailing Address 4 WEST DANIA BCH. BLVD. DANIA FL 33004		
2. Principal Place of Business 21 <b>1700 S. OCEAN BLVD</b> Suite, Apt. #, etc. 22 <b>#15C</b>		2a. Mailing Address 26 <b>1700 S. OCEAN BLVD</b> Suite, Apt. #, etc. 27 <b>#15C</b>		3. Date Incorporated or Qualified <b>04/14/1988</b>	
23 <b>Pompano Bch FL</b> City & State 24 <b>33062</b> Zip 25 <b>US</b> Country		28 <b>Pompano Bch FL</b> City & State 29 <b>33062</b> Zip 30 <b>US</b> Country		4. FEI Number <b>65-0043374</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DO NOT WRITE IN THIS SPACE	
9. Name and Address of Current Registered Agent <b>BERKER, GILBERT</b> <b>4 WEST DANIA BCH. BLVD.</b> <b>DANIA FL 33004</b>			10. Name and Address of New Registered Agent 81 Name <b>GILBERT BERKEN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1700 S. OCEAN BLVD #15C</b> 83 84 City <b>Pompano Beach</b> FL 85 Zip Code <b>33062</b>		
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 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 			<b>GILBERT H. BERKEN</b> 11 JAN 99 (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>BERKEN, GILBERT H.</b> STREET ADDRESS <b>4 WEST DANIA BCH. BLVD</b> CITY-ST-ZIP <b>DANIA FL 33004</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>GILBERT H. BERKEN</b> 1.3 STREET ADDRESS <b>1700 S. OCEAN BLVD #15C</b> 1.4 CITY-ST-ZIP <b>Pompano Bch FL 33062</b>		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
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TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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:**  **11 JAN 99** **954-788-3330**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #