

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55202 (1)
1. Corporation Name
C. BERKY & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**% H. CHARLES BERKY
123 NW. 13TH ST., STE. 214-8
BOCA RATON FL 33432
US** **% H. CHARLES BERKY
123 NW. 13TH ST., STE. 214-8
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/30/1988 **03/21/1994**

4. FEI Number Applied For
65-0091088 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

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

9. Name and Address of Current Registered Agent

**BERKY, H. CHARLES
123 N.W. 13TH ST.
STE. 214-8
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 (Typed or printed name of registered agent and date of application) (Date) Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKY, H. CHARLES	1.2 NAME	
STREET ADDRESS	7258 BALLANTRAE CT.	1.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKY, DOLORES ARNOLD	2.2 NAME	
STREET ADDRESS	7258 BALLANTRAE CT.	2.3 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<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		4.1 TITLE	<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		5.1 TITLE	<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		6.1 TITLE	<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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an appointment as an officer.

SIGNATURE: *H. Charles Berk* **4/27/95** **(807) 368-9352**
SIGNATURE AND TYPE ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR