


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K71125 (4)					
1. Corporation Name BERK CORPORATION, INC.					
Principal Place of Business 5727 INVERNESS CIRCLE N. FORT MYERS FL 33903			Mailing Address 5727 INVERNESS CIRCLE N. FORT MYERS FL 33903-5811		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/22/1996	
22 City & State		27 City & State		4. FEI Number 65-0104083	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BROWN, ROBERT D. 5727 INVERNESS CIRCLE N. FORT MYERS FL 33903				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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	BROWN, ROBERT D.				
STREET ADDRESS	5727 INVERNESS CIRCLE				
CITY - ST - ZIP	N. FORT MYERS FL				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	<input type="checkbox"/> DELETE				
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TITLE	<input type="checkbox"/> DELETE				
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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					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY - ST - ZIP					
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
22 NAME					
23 STREET ADDRESS					
24 CITY - ST - ZIP					
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
32 NAME					
33 STREET ADDRESS					
34 CITY - ST - ZIP					
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
42 NAME					
43 STREET ADDRESS					
44 CITY - ST - ZIP					
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
52 NAME					
53 STREET ADDRESS					
54 CITY - ST - ZIP					
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
62 NAME					
63 STREET ADDRESS					
64 CITY - ST - ZIP					
14. I do 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.					
SIGNATURE: <u>Robert D. Brown</u> REQUIRED 4-17-97 (941) 731-5565					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)