

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

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Mar 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L14932** (2)  
1. Corporation Name  
**BERKSHIRE MANOR, INC.**



Principal Place of Business <b>1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308</b>	Mailing Address <b>1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/12/1989</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2258094</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27 Zip	28	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MOTTICE, HOMER J 2111 N. MONROE ST. #203 TALLAHASSEE FL 32303</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84
	<b>1834 Hermitage Blvd.</b>	<b>Suite 201</b>	<b>Tallahassee FL 32308</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 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]* DATE: **3/12/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>PS</b>
NAME	<b>MOTTICE, HOMER J</b>	1.2 NAME	
STREET ADDRESS	<b>2111 N. MONROE ST. #203</b>	1.3 STREET ADDRESS	<b>1834 Hermitage Blvd., Ste 201</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>
TITLE	<b>VD</b>	2.1 TITLE	
NAME	<b>ISTVAN, DONALD F.</b>	2.2 NAME	
STREET ADDRESS	<b>61 WINDRUSH LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON IL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	
NAME	<b>MOTTICE, JOHN P</b>	3.2 NAME	
STREET ADDRESS	<b>2111 N. MONROE ST., STE 203</b>	3.3 STREET ADDRESS	<b>1834 Hermitage Blvd., Ste 201</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY-ST-ZIP	<b>Tallahassee FL 32308</b>
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* H. Jay Mottice DATE: **3/12/98** 850 386 2117

CR2E034 (10/97)