

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L28604** (1)

1. Corporation Name
W. BERLIN, INC.



Principal Place of Business: **2840 UNIVERSITY DR C/O DUBROW DUKER & ASSOCIATES PA CORAL SPRINGS FL 33065**
Mailing Address: **2840 UNIVERSITY DR C/O DUBROW DUKER & ASSOCIATES PA CORAL SPRINGS FL 33065**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **11/09/1989** 3a. Date of Last Report: **06/14/1995**
4. FEI Number: **65-0182678** Applied For: 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

g. Name and Address of Current Registered Agent

**STEVEN D DUKER
DUBROW DUKER & ASSOCIATES PA
2840 UNIVERSITY DR
CORAL SPRINGS FL 33065**

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 607.0532 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: _____ (Name of Registered Agent) _____ (Name of Registered Agent)
Signature typed or printed name of Registered Agent (Block 12) _____ (Name of Registered Agent) _____ (Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BERLIN, WALTER	12 NAME	
13 STREET ADDRESS	4701 NW 98TH WAY	13 STREET ADDRESS	
14 CITY-STATE-ZIP	CORAL SPRINGS FL	14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> DELETE	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		16 NAME	
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY-STATE-ZIP		18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> DELETE	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		20 NAME	
21 STREET ADDRESS		21 STREET ADDRESS	
22 CITY-STATE-ZIP		22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> DELETE	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		24 NAME	
25 STREET ADDRESS		25 STREET ADDRESS	
26 CITY-STATE-ZIP		26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> DELETE	27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		28 NAME	
29 STREET ADDRESS		29 STREET ADDRESS	
30 CITY-STATE-ZIP		30 CITY-STATE-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 appointment with an address.

SIGNATURE: **X** *Steven Duker* **11/25/96** **305 345 6843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)