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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L28604 1. Corporation Name

W. BERLIN, INC.

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90231 013 \*\*\*150.00



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		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  11/09/1989			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	At	pplied For
21	26		65-0182678		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		Additional equired
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip Country		Country	<ol> <li>This corporation owes the current year</li> </ol>		<b>-1.</b> .
24 25	29 30		Personal Property Tax.	Yes	□No
g. Name and Address of Cur	rent Registered Agent	04  )	10. Name and Address of New Registere	ad Agent	
STEVEN D DUVED		81 Name			
STEVEN D DUKER  DUBROW DUKER & ASSOCIATES PA  -2840 UNIVERSITY DR 2832 University			lress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065	, -	83			
COURT OF HIMOUTE SOUR		84 City	F	85 Zip	Code
agent. I am familiar with, and accept the ob SIGNATURE Signature, typed or printed name of registered	ate of Florida. Such change was authorized in the such change was authorized in the such change was authorized in the such change with the such change was authorized in the such change was authorized in the such change was authorized in the such change with the such change was authorized in the such change was authorized with the such change was authorized with the such change was a such change with the such change with the such change was a such change with the such change with the such change was a such change with the such change with the such change was a such change with the such change with the such change was a such change with the such change with the such change was a such change with the such change	zed by the corporati tatutes. ared Agent signature requir	ion's board of directors. I hereby accept the ap	pointment as re	egistered
_ <del>'*</del> ;		1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE D	i i				
NAME BERLIN, WALTER	<b>4</b>	2 NAME			
STREET ADDRESS 4701 NW 98TH WAY	201.5	3 STREET ADDRESS			
		4 CITY-ST-ZIP 1 TITLE		Change	Addition
TITLE	<del>-</del>	2 NAME			
NAME		3 STREET ADDRESS			
STREET ADDRESS		4 CITY-ST-ZIP			
CITY- ST-ZIP TITLE		1 TITLE		☐ Change	Addition
NAME		2 NAME		Ť	
STREET ADDRESS		3 STREET ADDRESS			
CITY-ST-ZIP		4. CITY-ST-ZIP			
TITLE		1 TITLE		☐ Change	☐ Addition
NAME	4.	2 NAME			
STREET ADDRESS	4:	3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP			
TITLE		1 TITLE		☐ Change	Addition
NAME	5.3	2 NAME			
STREET ADDRESS	5.	3 STREET ADDRESS	•		
CITY-ST-ZIP	5.4	4 CITY-ST-ZIP			
TITLE	☐ DELETE 6:	1 TITLE		Change	Addition
NAME	6.3	2 NAME			
STREET ADDRESS	6.	3 STREET ADDRESS			

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 a 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 attachater with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #