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

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUI	MENT # L37012	2 (6)			
BERLIN	& DENYS, INC.				
Principal Place	of Business	Mailing Address		-{	, Billi didil dibil iddi
% GARY D. BERLIN % GARY D. BERLIN					
161 N CAUSEWAY SUITE 5 161 N CAUSEWAY SUITE 5 NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL			•	DO NOT WRITE IN THIS SPACE	re
PICTY ON ITHE	C DENOU LE SEIGS	NEW SMITHIN DEACH FL	32103	3. Date Incorporated or Qualified	<i>y</i> c
		· · · · · · · · · · · · · · · · · · ·		12/15/1989	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2980395	Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		\$	8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State			\$5.00 May Be
Zip	Country	28 Z _I D	Country	Trust Fund Contribution 8. This corporation owes or has paid the current	Added to Fees
24	25	<u> </u>	30	Personal Property Tax due June 30.	
	g, Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Age	nt
BERLIN, GARY D.			81 Name		
181 N CAUSEWAY			62 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 5 NEW SMYRNA BEACH FL 32169			83		
HEN SMITHIN DENOTIFE 32109					
			84 City	FL ⁸	5 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corporati	oration submits this statement for the purpose of cha	inging its registered
agent I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.	ion's board of directors. I hereby accept the appoint	TIBITE de Tegratorea
SIGNATURE	Signature, typed or printed name of registered age	Out and late it englicable (NOTE	Registered Agent signature require	ed when (einstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition
NAME	BERLIN, GARY D.		1.2 NAME		
STREET ADDRESS	2548 SUNSET DRIVE NEW SMYRNA BCH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	П	Change Addition
NAME	BERLIN, GARY D.		2.2 NAME		
STREET ADDRESS	2548 SUNSET DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BCH FL		2. 4 CITY-S1-ZIP		
TITLE	VD DENVE OFODOE	DELETE	3.1 TITLE	Ц	Change Addition
NAME	DENYS, GEORGE 160 BREEZEWAY CT.		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	NEW SMYRNA BCH FL		3.3 STREET ADDRESS 3.4. City-St-Zip		
TITLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City - St - ZiP			4.4 CITY - \$T - ZIP		occident Theorem
TITLE		DELETE	5.1 TITLE 5.2 NAME	L	Change
NAME STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-SI-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby cortify 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, of on an attachment with an address.

4/14/98

FILED

Apr 17 1998 8:00am