

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

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Jan 22 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 # **L40848** (8)

1. Corporation Name  
**BERNMOR, INC.**



Principal Place of Business: **% MORTON GOODMAN, 1701 GULF OF MEXICO DR, LONGBOAT KEY FL 34228-3406**  
Mailing Address: **% MORTON GOODMAN, 1701 GULF OF MEXICO DR, LONGBOAT KEY FL 34228-3421**

3. Date Incorporated or Qualified: **01/08/1990**  
3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0167542		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODMAN, MORTON 1701 GULF OF MEXICO DR LONGBOAT KEY FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P GOODMAN, JONATHAN	1.1 TITLE	Change Addition
NAME	17 BRIAR LANE	1.2 NAME	
STREET ADDRESS	EAST HILLS NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Change Addition
TITLE	ST GOODMAN, BERNICE	2.1 TITLE	Change Addition
NAME	1701 GULF OF MEXICO DR.	2.2 NAME	
STREET ADDRESS	LONGBOAT KEY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Change Addition
TITLE	D GOODMAN, MORTON	3.1 TITLE	Change Addition
NAME	1701 GULF OF MEXICO DR.	3.2 NAME	
STREET ADDRESS	LONGBOAT KEY FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Change Addition
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Change Addition
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Change Addition
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Change Addition

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: *Morton Goodman, Sr. Morton Goodman* 1/4/97 941 383 6007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)