

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M17373 (5)**

1. Corporation Name  
**BERRY & CALVIN, INC.**



Principal Place of Business: % JOHN CALVIN, TWO OAKWOOD BOULEVARD, SUITE 120, HOLLYWOOD FL 33020-1451  
Mailing Address: % JOHN CALVIN, TWO OAKWOOD BOULEVARD, SUITE 120, HOLLYWOOD FL 33020-1451

21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1985</b>	3a. Date of Last Report <b>01/25/1995</b>
22. City & State		27. City & State		4. FEI Number <b>65-0013869</b>	Applied For Not Applicable
23. Zip		28. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CALVIN, JOHN 2 OAKWOOD BLVD STE 120 HOLLYWOOD FL 33020				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 607.0502 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 re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD CALVIN, JOHN	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 OAKWOOD BLVD 120		1.2 NAME
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS
CITY-STATE-ZIP			1.4 CITY-STATE-ZIP
TITLE	VD GIORDANO, DENNIS	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 OAKWOOD BLVD 120		2.2 NAME
STREET ADDRESS	HOLLYWOOD FL		2.3 STREET ADDRESS
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP
TITLE	S CALHOUN, ELIZABETH	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2 OAKWOOD BLVD 120		3.2 NAME
STREET ADDRESS	HOLLYWOOD FL		3.3 STREET ADDRESS
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-STATE-ZIP			6.4 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 attachment with an address.

SIGNATURE: John Calvin **JOHN CALVIN** 1/17/96 954-921-7781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)