

**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 # M92176 (0)**

1. Corporation Name  
**BERFLA, INC.**



Principal Place of Business Mailing Address  
**C/O ROBERT G. ROGERS**  
**455 PENNSYLVANIA AVENUE SUITE 135**  
**FORT WASHINGTON PA 19034**

3. Date Incorporated or Qualified **08/02/1988** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **23-2534312** 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

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORPORATION INFORMATION SERVICES, INC.**  
**1201 HAYES STREET**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGERS, ROBERT G. - President</b>	1.2 NAME	<b>Jeffrey A. Linn</b>
STREET ADDRESS	<b>455 PENNSYLVANIA AVE.</b>	1.3 STREET ADDRESS	<b>455 Pennsylvania Ave Fort Washington</b>
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MASSIMINI, DANTE J. - Vice President</b>	2.2 NAME	<b>Jonathan B. Weller</b>
STREET ADDRESS	<b>455 PENNSYLVANIA AVE.</b>	2.3 STREET ADDRESS	<b>455 Pennsylvania Ave</b>
CITY-ST-ZIP	<b>FT. WASHINGTON PA</b>	2.4 CITY-ST-ZIP	<b>Ft. Washington Pa 19034</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Sylvan M. Cohen, Esquire</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COHEN, SYLVAN M.</b>	3.2 NAME	<b>Drinker Biddle &amp; Reath</b>
STREET ADDRESS	<b>12 S 12TH ST PS7S 22ND</b>	3.3 STREET ADDRESS	<b>Suite 1100</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>	3.4 CITY-ST-ZIP	<b>1345 Chestnut Street</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>Philadelphia, PA 19107-3496</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-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: *Dante Massimini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

Date

215-542-4182

Daytime Phone #

CR2E034 (12/95)