

55-98 B6418 C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M92176 (0)  
1. Corporation Name  
BERFLA, INC.



Principal Place of Business  
C/O Dante Massimini  
455 PENNSYLVANIA AVENUE SUITE 135  
FORT WASHINGTON PA 19034

Mailing Address  
C/O Dante Massimini  
455 PENNSYLVANIA AVENUE SUITE 135  
FORT WASHINGTON PA 19034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1988	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 23-2534312	Applied For Not Applicable
22 City & State	23	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ROGERS, ROBERT G.	1.1 TITLE	Chief Financial Officer
NAME	ROGERS, ROBERT G.	1.2 NAME	Edward Glickman
STREET ADDRESS	455 PENNSYLVANIA AVE.	1.3 STREET ADDRESS	455 Pennsylvania Ave
CITY-ST-ZIP	FT. WASHINGTON PA	1.4 CITY-ST-ZIP	Ft. Washington, PA 19034
TITLE	D MASSIMINI, DANTE J.	2.1 TITLE	
NAME	MASSIMINI, DANTE J.	2.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA	2.4 CITY-ST-ZIP	
TITLE	D LINN, JEFFREY A.	3.1 TITLE	
NAME	LINN, JEFFREY A.	3.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WASHINGTON PA	3.4 CITY-ST-ZIP	
TITLE	D WELLER, JONATHAN B.	4.1 TITLE	
NAME	WELLER, JONATHAN B.	4.2 NAME	
STREET ADDRESS	455 PENNSYLVANIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WASHINGTON PA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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.

CR2E034 (10/97)