

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90033 022 ***150.00

DOCUMENT # M92176

1. Corporation Name
BERFLA, INC.

Principal Place of Business

C/O DANTE MASSIMINI
455 PENNSYLVANIA AVENUE SUITE 135
FORT WASHINGTON PA 19034
US

Mailing Address

C/O DANTE MASSIMINI
455 PENNSYLVANIA AVENUE SUITE 135
FORT WASHINGTON PA 19034
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

200 South Broad Street, 3rd Fl
Philadelphia, PA 19102

200 South Broad Street, 3rd Fl
Philadelphia, PA 19102

24 25 29 30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> DELETE
NAME	GLICKMAN, EDWARD	
STREET ADDRESS	455 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FT. WASHINGTON PA 19034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSIMINI, DANTE J.	
STREET ADDRESS	455 PENNSYLVANIA AVE.	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LINN, JEFFREY A.	
STREET ADDRESS	455 PENNSYLVANIA AVE	
CITY-ST-ZIP	FORT WASHINGTON PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLER, JONATHAN B.	
STREET ADDRESS	455 PENNSYLVANIA AVE	
CITY-ST-ZIP	FT. WASHINGTON PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE:

Dante Massimini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1999

Date

215-875-0700

Daytime Phone #