SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 AM 11:44

DOCUMENT # **N24117** **(6)**

1. Corporation Name
BERKSHIRE EDUCATIONAL SEARCH TEAM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%FARRELL, LOUIS R. 28800 S.W. 152ND AVENUE HOMESTEAD FL 33033	%FARRELL, LOUIS R. 28800 S.W. 152ND AVENUE HOMESTEAD FL 33033

3. Date Incorporated or Qualified: 12/29/1987
3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0032867 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARRELL, LOUIS R.
28800 S.W. 152ND AVENUE
HOMESTEAD FL 33033

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FARRELL, LOUIS R.	12 NAME	
STREET ADDRESS	17301 S.W. 296TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FARRELL, SCOTT L.	22 NAME	
STREET ADDRESS	17301 S.W. 296TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FARRELL, TODD W.	32 NAME	
STREET ADDRESS	17301 S.W. 296TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FARRELL, SEAN C.	42 NAME	
STREET ADDRESS	17301 S.W. 296TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	☐ Change ☐ Addition
NAME	FARRELL, DOROTHY A.	52 NAME	
STREET ADDRESS	17301 S.W. 296TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy A. Farrell Sec-Treas 6/14/95 305-245-5583
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Title — Daytime Phone #

DOROTHY A. FARRELL

0006372