

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 # P93000040957 (1)

1. Corporation Name

BERGERON ENGINEERING CONTRACTOR, INC.



Principal Place of Business

Mailing Address

2155 NW 184TH AVE
PEMBROKE PINES FL 33029

2155 NW 184TH AVE
PEMBROKE PINES FL 33029

2. Principal Place of Business

2a. Mailing Address

21 19612 S.W. 69 Place

26 19612 S.W. 69 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27 N/A

City & State

City & State

23 Fort Lauderdale, Fl

28 Fort Lauderdale, Fl

Zip

Country

Zip

Country

24 33332

25 U.S.A.

29 33332

30 U.S.A.

9. Name and Address of Current Registered Agent

U.S.A.

**BERGERON, RONALD M SR
21111 SW 16TH ST
FT LAUDERDALE FL 33026**

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 must be witnessed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGERON, RONALD M SR	
STREET ADDRESS	21111 SW 16TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33026	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	Lonnie Thomas Bergeron	
STREET ADDRESS	19612 S.W. 69 Place	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33332.	
TITLE	Vice President/Secretary	<input type="checkbox"/> DELETE
NAME	Ronald M. Bergeron, Jr.	
STREET ADDRESS	19612 S.W. 69 Place	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33332.	
TITLE	Vice President/Treasurer	<input type="checkbox"/> DELETE
NAME	Lonnie Neil Bergeron	
STREET ADDRESS	19612 S.W. 69 Place	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33332.	
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	

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3-30-96

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

Date

954-680-6100

Daytime Phone #

CR2E034 (12/95)