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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

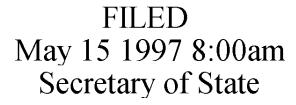
DOCUMENT # P94000044993 (1)

BERRY INFOCOM, INC.

Principal Place of Business

Mailing Address

2140 BRUECKNER DR. SARASOTA FL 34231 2140 BRUECKNER DR. SARASOTA FL 34231-891





SARASOTA FL	34231	SAHASOTA FL 34231-8914	•							
						Date Incorporated or Qualified 06/15/1994		e of Last Re 2/1996	aport	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number 65-0511183			plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75 Additional Fee Regulred		
City & State		City & State			Election Campaign Financing Treat Final Contribution	П	\$5.00 May Be Added to Fees			
23 Zip	Country	28 Zip	Co	untry		Trust Fund Contribution 8. This corporation has liability for in	tangible t	· · · · · · · · · · · · · · · · · · ·		
24	25	29	30					No No		
	9, Name and Address of Curre	nt Registered Agent		64	l Ni	10. Name and Address of New Reg	stered A	gent		
	RY, DAVE			81	Name					
	BRUECKNER DR.			82	Street Add	iress (P.O. Box Number is Not Acceptable))			
SAR	ASOTA FL 34231			83						
				84	City		FL	85 Zip (Code	
		00						<u> </u>		
office or r	to the provisions or sections 607.05 registered agent, or both, in the Stat im familiar with, and accept the obliq	e of Florida. Such change was	authorize	ed by	/ the corpora	poration submits this statement for the pu tion's board of directors. I hereby accept	the appo	intment as	registered	
SIGNATURE	Signative typed or printed name of registered as	gent and trie if applicable. (NO	TE Register	ed Age	ant signature requ	ired when reinstating)	DATE			
12.		NO DIRECTORS	13.		4. 	ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 12	
Tille	D	☐ DELETE	1.1	TITLE				Change	☐ Addition	
NAME	BERRY, DAVE		1.2	NAME						
STREET ADDRESS	2140 BRUECKNER DR.		1.3	STREET	ADDRESS					
City - S1 - ZiP	SARASOTA FL 34231		1.4	CITY-S	it-ZiP					
TITLE		DELETE	2.1	TITLE				Change	☐ Addition	
NAME			2.2	NAME						
STREET ADDRESS			2.3	STREET	ADDRESS					
City-ST-7IP			2. 4	CITY-5	ST-ZIP					
TITLE		DELETE	3.1	TiTLE				Change	Addition	
NAME			3.2	NAME						
STREEL ADDRESS			3.3	STREET	ADDRESS					
CHTY - ST - ZIF			3.4.	CITY-S	ST-ZIP					
TITLE		DELETE	4.1	TITLE				Change	☐ Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
D:1Y-S1-7(P			4.4	CITY-S	iT-21P					
TITLE		DELETE	5.1	TITLE				Change	Addition	
NAME			5.2	NAME						
STREET ADDRESS			5.3	STREET	ADDRESS					
City-St-ZiP			5.4	CITY-S	7-21P					
TITLE		☐ DELETE	6.1	TITLE				Change	Addition	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CHY-S1-7IP				CITY-\$						
14. I do here	by certify that the information suppli	ed with this filing does not qual	ify for th	е ехе	mption state	ed in Section 119.07(3)(i), Florida Statutes	. I further	certify that	the	

1. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(), Horida Statutes. I further certify that the information indicated on this annual report or supplemental enough enough that we 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:

IAN/RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 941-925-0061