

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

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DOCUMENT # P94000088488 (9)

1. Corporation Name
ARNOLD BERMAN AND COMPANY, INC.



Principal Place of Business
1752 LITTLEPOINT CIRCLE
SARASOTA FL 34231

Mailing Address
1752 LITTLEPOINT CIRCLE
SARASOTA FL 34231-5318

3. Date Incorporated or Qualified: 01/01/1995
3a. Date of Last Report: 02/16/1996
4. FEI Number: 65-0545820
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

9. Name and Address of Current Registered Agent
BERMAN, ARNOLD
1752 LITTLEPOINT CIRCLE
SARASOTA FL 34231

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BERMAN, ARNOLD	1.2 NAME	
STREET ADDRESS	1752 LITTLEPOINT CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BERMAN, MARGOT	2.2 NAME	
STREET ADDRESS	1752 LITTLEPOINT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BERMAN, LAWRENCE	3.2 NAME	
STREET ADDRESS	P. O. BOX 2768 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CO 81620	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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****165.00 ****165.00

Handwritten signature and date: 3/24/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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: Arnold Berman 1/4/97 941 921 1878
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Arnold Berman 2/17/97 941 921 1878

NOTE ATTACHED LETTER