

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

FILED
Jun 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000032812 (5)

1. Corporation Name
BERLIN MANAGEMENT, INC.



Principal Place of Business P.O. BOX 644259 VERO BEACH FL 32964	Mailing Address P.O. BOX 644259 VERO BEACH FL 32964-4259
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0661672		Applied For Not Applicable	
22 City & State	29	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BERLIN, B. ADAM 9106 CARDINAL DR. VERO BEACH FL 32963				10. Name and Address of New Registered Agent			

81 Name B. Adam Berlin	
82 Street Address (P.O. Box Number is Not Acceptable) 760-3 8th Ct.	
83	
84 City Vero Beach	85 Zip Code 32962

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 607.0503, Florida Statutes.

SIGNATURE *B. Adam Berlin* DATE 4/29/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERLIN, B. ADAM			1.2 NAME			
STREET ADDRESS	P.O. BOX 644259 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32964			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERLIN, SCOTT R			2.2 NAME			
STREET ADDRESS	P.O. BOX 644259 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32964			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERLIN, MARY K			3.2 NAME			
STREET ADDRESS	P.O. BOX 644259 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32964			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 indicated, or on an attachment with an address.

SIGNATURE *B. Adam Berlin* DATE 5/15/97

CR2E034 (9/96)