SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032812 (5)

BERLIN MANAGEMENT, INC.

Sep 30 1998 8:00am
State
CORATIONS

Secretary of State

FILED

Principal Place	of Rusinass	Mailing Address			
Principal Place of Business Mailing Address					
P.O. BOX 644259 VERO BEACH FL 32964		P.O. BOX 644259 VERO BEACH FL 32964		DO NOT WRITE IN THIS \$P ACE	
				3. Date Incorporated or Qualified 04/16/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			ed For
1		26			Applicat
Suite, Apt.	#, etc,	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Add Fee Requi	
City & State	9	City & State	A THE COMMENT OF THE PARTY OF T	6. Election Campaign Financing \$5.00 Ma	av Be
<u> </u>		28		Trust Fund Contribution Added to F	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intang	-
·L	25]	29	30	Personal Property Tax due June 30. Yes N	10
DEO!	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	IN, B. ADAM		Of Name		
760-3 8TH CT VERO BEACH FL 32982			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FI 85 Zip Cod	de
1. Pursuant	to the provisions of sections 607.0502	2 and 607 1508. Florida Statute	s the above-named cor	poration submits this statement for the purpose of changing its regist	tered
office or r	registered agent, or both, in the State	of Florida. Such change was a	authorized by the corpor	poration submits this statement for the purpose of changing its regist ation's board of directors. I hereby accept the appointment as regist	tered
	in tarrillar with, and accept the obliga	ations of, section 607.0505, Fi	origa Statutes.		
IGNATURE.	Signature, typod or printed name of registered agon	nt and title if applicable (NO	OTE: Registered Agent signature	required when reinstating) DATE	
2.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
LE	D	DELETE	1.1 TITLE	Change	Additi
ME	BERLIN, B. ADAM		1.2 NAME		
REET ADORESS	P.O. BOX 644259 N/A		1.3 STREET ADDRESS		
TY-ST-ZIP	VERO BEACH FL 32964		1.4 CITY-ST-ZIP		
ILE	D	[] DELETE	2.1 TITLE	Change	Additi
ME	BERLIN, SCOTT R		2.2 NAME		
REET ADDRESS	P.O. BOX 644259 N/A		2.3 STREET ADDRESS		
Y-ST-ZIP	VERO BEACH FL 32964		2.4 CITY-ST-ZIP		
ΊĒ	D DEDNIN MADY V	DELETE	3.1 TITLE	Change	Addition
ME	BERLIN, MARY K		3.2 NAME		
REET ADDRESS	P.O. BOX 644259 N/A		3 3 STREET ADDRESS		
Y-ST-ZIP	VERO BEACH FL 32964		3.4 CITY-ST-ZiP		
LE		L DELETE	4.1 TITLE	L_ Change L_	Additi
ME			4.2 NAME		
REET ADDRESS			4.3 STREET ADDRESS		
ry-st-zip Ile		There are	4.4 CITY-ST-ZIP 5.1 TITLE		1 4
ME	Ţ	[] DECETE	5.2 NAME	Change	_ Additio
REET ADDRESS			5.3 STREET ADDRESS	•	
Y-ST-ZIP			6.4 CITY-ST-ZIP		
LE		DELETE	6.1 TITLE	Change	Additio
ME		[] DECCIE	6.2 NAME	r change) MOORIE
REET ADDRESS			6.3 STREET ADDRESS		
TY-ST-ZIP			6.4 CITY-ST-ZIP		
4. I hereby co- indicated or an officer o	n this a nnual report or supplemental :	annual report is true and accur paiver or trustee empowered to	ne exemption stated in state and that my signature	ection 119.07(3)(i), Florida Statutes. I further certify th at the Informati re shall have the same legal effect as if made under o ath; that I am required by Chapter 607, Florida Statutes; and that my name appea	3