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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000011578 (6)

BERI AND SONS, INC.

FILED Feb 04 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address 1000 STATE STREET UNIT 12 1060 STATE STREET UNIT 12 SANFORD FL 32773 SANFORD FL 32773 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3420744 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 2941 ORIANDO DR. # 162 2921 ORLANDO DRIVE Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing F. 4 SANFORD Trust Fund Contribution FORIDA Added to Fees Country 8. This corporation owes or has paid the current year Intangible 32)73 ☐ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERI, RAJINDER K 1060 STATE STREET UNIT 12 82 Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32773 2921 ORIANDO DRIVE 63 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 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 required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ___ DELETE TITLE 1.1 TIME BERI, RAJINDER K NAME 12 NAME 1060 STATE STREET UNIT 12 STREET ADDRESS 1.3 STREET ADDRESS SANFORD FL 32773 CITY-ST-ZIP 1.4 CHTY - ST - ZIP DELETE TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 5 1 THILE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP 14. I 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 if chapted, or on an attachment with an address.