

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021375 (5)

1. Corporation Name
ATTORNEY BILL B. BERKE, P.A.

Principal Place of Business 4206 DEL PRADO BOULEVARD CAPE CORAL FL 33904	Mailing Address 4206 DEL PRADO BOULEVARD CAPE CORAL FL 33904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4506 Del Prado Boulevard	26	4506 Del Prado Boulevard	03/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0739745	
22. City & State		27. City & State		5. Certificate of Status Desired	
23 Cape Coral, Florida		28 Cape Coral, Florida		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	
33904		33904		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BERKE, BILL B 4206 DEL PRADO BOULEVARD CAPE CORAL FL 33904				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				4506 Del Prado Boulevard			
				83			
				84 City			
				Cape Coral FL 33904			

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 in both of 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]* DATE: 1/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PHN/TISTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKE, BILL B	1.2 NAME	
STREET ADDRESS	4206 DEL PRADO BOULEVARD	1.3 STREET ADDRESS	4506 Del Prado Boulevard
CITY-ST-ZIP	CAPE CORAL FL 33904	1.4 CITY-ST-ZIP	Cape Coral, Florida 33904
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 1/20/98

CR2E034 (10/97)