

FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P91000034681		
1. Corporation Name <i>CORBER, INC.</i>		

Principal Place of Business		Mailing Address	
<i>6536 HARBOUR Rd. N. LAUDERDALE, FLORIDA 33068</i>			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent			
<i>CORDELL BERRY 6536 HARBOUR Rd. N. LAUDERDALE, FL. 33068</i>			

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 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT <input type="checkbox"/> DELETE		1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>CORDELL BERRY</i>		1 2 NAME			
STREET ADDRESS	<i>6536 HARBOUR Rd.</i>		1 3 STREET ADDRESS			
CITY-ST-ZIP	<i>N. LAUDERDALE, FL. 33068</i>		1 4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *CORDELL BERRY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 FEB 25 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified	4. Date of Last Report	
<i>4/17/97</i>	<i>4/17/97</i>	
4. FEI Number	<input type="checkbox"/> Applied For <i>65 - 07165319</i> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of New Registered Agent		
81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

B 2/26/99 99 AM

2-23-99

Daytime Phone #