

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000100758

1. Corporation Name
M. BERRY ENTERPRISES, INC.



Principal Place of Business Mailing Address
 6219 N.W. 38TH DR. 6219 N.W. 38TH DR.
 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1997

4. FEI Number Applied For
65-0806944 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **5318 NW 49th CT** 26 **5318 NW 49th CT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
COCONUT CREEK, FL **COCONUT CREEK, FL**
 Zip Country Zip Country
 24 **33073** 25 Country 29 **33073** 30 Country

9. Name and Address of Current Registered Agent
BERRY, MICHAEL
6219 N.W. 38TH DR.
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent
 81 Name **BERRY, MICHAEL**
 82 Street Address (P.O. Box Number is Not Acceptable) **5318 NW 49th CT**
 83
 84 City **COCONUT CREEK** FL 85 Zip Code **33073**

11. Pursuant to the provisions of Sections 607.0501 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 *Michael Berry* DATE **4/25/99**
Signature, typed or printed name of registered agent, and title if applicable. (NO 'E' Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERRY, MICHAEL	
STREET ADDRESS	6219 N.W. 38TH DR.	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BERRY, MICHELLE	
STREET ADDRESS	6219 NW 38TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERRY, MICHAEL	
1.3 STREET ADDRESS	5318 NW 49th CT	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERRY, MICHELLE	
2.3 STREET ADDRESS	5318 NW 49th CT	
2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Michael Berry* DATE **4/25/99** DAYTIME PHONE # **954-421-852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #