

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90194 050 ***150.00

DOCUMENT # P97000100758

1. Corporation Name

M. BERRY ENTERPRISES, INC.



Principal Place of Business

6219 N.W. 38TH DR.
CORAL SPRINGS FL 33067

Mailing Address

6219 N.W. 38TH DR.
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

65-0806944

Applied For

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

21 5318 NW 49th CT

Suite, Apt. #, etc.

22 City & State

23 COCONUT CREEK, FL

Zip

Country

24 33073

25

2a. Mailing Address

26 5318 NW 49th CT

Suite, Apt. #, etc.

27 City & State

28 COCONUT CREEK, FL

Zip

Country

29 33073

30

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

4/25/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BERRY, MICHAEL
STREET ADDRESS 6219 N.W. 38TH DR.
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VS ☐ DELETE
NAME BERRY, MICHELLE
STREET ADDRESS 6219 NW 38TH DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/99

954-421-852