Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

## 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

## DOCUMENT # P98000020053

1. Corporation Name

Suite, Apt. #, etc.

City & State

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IOHN A. BERKMAN DISPLAY SALES, INC.

| OOTHY AN DEIMORBING COOLEAN                                   | Cricedy have.   |
|---|---|
|   |   |
| Principal Place of Business                                   | Mailing Address   |
| 1238 HILLSBORO MILE.B-2.#208<br>HILLSBORO BEACH FL 33062-1314 | 1238 HILLSBORO MILE.B-2.#208<br>HILLSBORO BEACH FL 33062-1314 |
| 2. Principal Place of Business                                | 2a. Mailing Address   |

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Suite, Apt. #, etc.

City & State

Zip

25 29 9. Name and Address of Current Registered Agent

Country

| BERKMAN, JOHN A               |
|-------------------------------|
| 1238 HILLSBORO MILE,B-2,#208  |
| HILLSBORO REACH EL 33062-1314 |

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90247 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

03/02/1998 4. FEI Number

65-081

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing

| ,              |  | 00         |                  |  |                   |                      |                    |
|----------------|--|------------|------------------|--|-------------------|----------------------|--------------------|
|                |  | 84         | City             | FL   | 85                | Zip Co               | de                 |
| office or re   | to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was author familiar with, and accept the obligations of, Section 607.0505, Florida | rized by   | the corpor       | orporation submits this statement for the purpose of c<br>ration's board of directors. I hereby accept the appoint | hangin<br>Iment a | g its re<br>as regis | gistered<br>itered |
| SIGNATURE      |  |            |                  | DATE   |                   |                      |                    |
|                | Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg OFFICERS AND DIRECTORS   | 13.        | nt signature rec | ADDITIONS/CHANGES TO OFFICERS AND  | DIRE              | CTOR                 | S IN 12            |
| 12.            | D DELETE   | 1.1 TITLE  |                  | ADDITIONO/OTANOED TO OTTTOEND AND  | ☐ Cha             |                      | Addition           |
| TITLE          | · · · · · · · · · · · · · · · · · · ·  | 12 NAME    |                  |  |                   | •                    | _                  |
| NAME           | BERKMAN, JOHN A  |            |                  |  |                   |                      |                    |
| STREET ADDRESS | 1238 HILLSBORO MILE,B-2,#208   |            | TADDRESS         |  |                   |                      |                    |
| CITY-ST-ZIP    | HILLSBORO BEACH FL 33062-1314  | 1.4 CITY-5 | ST-ZIP           |  | ☐ Cha             | 200                  | Addition           |
| TITLE          |  | 2.1 TITLE  |                  |  |                   | inge                 | ☐ Addition         |
| NAME           |  | 2.2 NAME   | ļ                |  | ,                 |                      |                    |
| STREET ADDRESS |  | 2.3 STREE  | TADORESS         | •  |                   |                      |                    |
| CITY-ST-ZIP    |  | 2. 4 CITY- | ST-ZIP           |  |                   |                      |                    |
| TITLE          | ☐ DELETE   | 3.1 TITLE  |                  |  | ☐ Cha             | inge                 | ☐ Addition         |
| NAME           |  | 32 NAME    | ì                |  |                   |                      |                    |
| STREET ADDRESS |  | 3.3 STREE  | T ADDRESS        |  |                   |                      |                    |
| CITY-ST-ZIP    | •  | 3.4. CITY- | ST-ZIP           |  |                   |                      | <u></u>            |
| TITLE          | ☐ DELETE   | 4.1 TITLE  |                  |  | Cha               | inge                 | ☐ Addition         |
| NAME           |  | 4. 2 NAME  |                  | •  |                   |                      |                    |
| STREET ADDRESS |  | 4.3 STREE  | T ADDRESS        |  |                   |                      |                    |
| CiTY-ST-ZIP    |  | 4.4 CITY-5 | ST-ZIP           |  |                   |                      |                    |
| TITLE          | ☐ DELETE   | 5.1 TITLE  |                  |  | ☐ Cha             | inge                 | Addition           |
| NAME           |  | 5.2 NAME   |                  |  |                   |                      |                    |
| STREET ADDRESS |  | 5.3 STREE  | TADORESS         |  |                   |                      |                    |
| CITY-ST-ZIP    |  | 5.4 CITY-5 | ST-ZIP           |  |                   |                      |                    |
| TITLE          | ☐ DELETE   | 6.1 TITLE  |                  |  | Cha               | ange                 | Addition           |
| NAME           |  | 6.2 NAME   |                  |  |                   |                      |                    |
| STREET ADDRESS |  | 6.3 STREE  | T ADDRESS        |  |                   |                      |                    |
| CITY-ST-ZIP    |  | 6.4 CITY-8 | ST-ZIP           |  |                   |                      |                    |
| 14. I hereby o | ertify that the information supplied with this filing does not qualify for the   | exemp      | tion stated      | in Section 119.07(3)(i), Florida Statutes. I further certi   | fy that           | the info             | ormation           |

Country

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officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a 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 chapped, or on an attachment with an address, with all other like empowered.