

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90001 008 ***550.00

DOCUMENT # **P98000087619**

Corporation Name

BERKLEY ENTERPRISES, INC.



Principal Place of Business
**N.W. 15TH STREET
DELRAY BEACH FL 33444**

Mailing Address
**101 N.W. 15TH STREET
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1998	
4. FEI Number 65-0877308	Applied For <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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PARMELEE, BERKLEY M 101 N.W. 15TH STREET DELRAY BEACH FL 33444		10. 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	

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
OFFICERS AND DIRECTORS		
1. NAME D PARMELEE, BERKLEY M 101 N.W. 15TH STREET DELRAY BEACH FL 33444	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2. NAME	<input type="checkbox"/> DELETE	1.1 TITLE P, V, T, S
3. NAME	<input type="checkbox"/> DELETE	1.2 NAME
4. NAME	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
5. NAME	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
6. NAME	<input type="checkbox"/> DELETE	2.1 TITLE
7. NAME	<input type="checkbox"/> DELETE	2.2 NAME
8. NAME	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
9. NAME	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
10. NAME	<input type="checkbox"/> DELETE	3.1 TITLE
11. NAME	<input type="checkbox"/> DELETE	3.2 NAME
12. NAME	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
13. NAME	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
14. NAME	<input type="checkbox"/> DELETE	4.1 TITLE
15. NAME	<input type="checkbox"/> DELETE	4.2 NAME
16. NAME	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
17. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
18. NAME	<input type="checkbox"/> DELETE	5.1 TITLE
19. NAME	<input type="checkbox"/> DELETE	5.2 NAME
20. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
21. NAME	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
22. NAME	<input type="checkbox"/> DELETE	6.1 TITLE
23. NAME	<input type="checkbox"/> DELETE	6.2 NAME
24. NAME	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
25. NAME	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

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.

SIGNATURE: **Berkley M Parmelee** **PARMELEE** **9-7-99** **(561) 274-6962**

CR2E034 (5/99)