

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S15038** (0)

1. Corporation Name

**YOUNG, BERKMAN, BERMAN & KARPF, P.A.**



Principal Place of Business

Mailing Address

17071 WEST DIXIE HIGHWAY  
N MIAMI BEACH FL 33160

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N MIAMI BEACH FL 33160

3. Date incorporated or Qualified <b>11/28/1990</b>	3a. Date of Last Report <b>01/20/1995</b>
4. FEI Number <b>65-0232666</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	23. 25. Country	24. 26. Country	29. 30. Country
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9. Name and Address of Current Registered Agent

**YOUNG, BURTON  
17071 WEST DIXIE HIGHWAY  
N MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL</b>

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 the fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C YOUNG, BURTON</b>	1. 2. NAME	
STREET ADDRESS	<b>3900 ISLAND BLVD. B-307</b>	1. 3. STREET ADDRESS	<b>17071 W. DIXIE Hwy</b>
CITY- ST- ZIP	<b>NORTH MIAMI BEACH FL</b>	1. 4. CITY- ST- ZIP	<b>NMB, FL 33160</b>
TITLE	<input type="checkbox"/> DELETE	2. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P BERMAN, ANDREWS S.</b>	2. 2. NAME	
STREET ADDRESS	<b>15040 SW 75 CT.</b>	2. 3. STREET ADDRESS	<b>17071 W. Dixie Hwy</b>
CITY- ST- ZIP	<b>MIAMI FL</b>	2. 4. CITY- ST- ZIP	<b>NMB, FL 33160</b>
TITLE	<input type="checkbox"/> DELETE	3. 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V KARPF, MITCHELL</b>	3. 2. NAME	
STREET ADDRESS	<b>16322 NW 5 ST</b>	3. 3. STREET ADDRESS	<b>17071 W. Dixie Hwy</b>
CITY- ST- ZIP	<b>PEMBROKE PINES FL</b>	3. 4. CITY- ST- ZIP	<b>NMB, FL 33160</b>
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96  
Date

3059451851  
Daytime Phone #

CR2E034 (12/95)