PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$31924 1. Corporation Name

BERGEN PROPERTIES, INC.

Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90076 014 ***150.00



			. <u> </u>	_								
Principal Place of Business			Mailing Address						41511 61611 61611 1			
2945 NE 3 ST			2945 NE 3 ST									
OCALA FL 34470		OCALA FL 34470						DO NOT WRITE IN THIS SPACE				
									THIS SPACE			
								3. Date Incorporated or Qualifed				
								02/14/1991				
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number	j	Applied		
21		26						59-3060578		 -	plicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		75 Addi e Requir		
City & Stat	e		City & State					6. Election Campaign Financing	\$5.	00 May	/ Be	
23		28						Trust Fund Contribution		led to Fe		
Zip	Country	1	Zip ·	Co	untry			8. This corporation owes the current ye	ear Intangible			
4	25	29	· 1	30	-			Personal Property Tax.	☐Yes	□ 1	10	
·*[9. Name and Address of Current		tered Agent		\top			10. Name and Address of New Regist	tered Agent			
			<u> </u>		81	Name		,				
RICH	IARDSON, BRUCE R.				82							
24 NE 56TH TERRACE			, , , , , , , , , , , , , , , , , , ,			Street	Addre	ss (P.O. Box Number is Not Acceptable)				
OCALA FL 34470					83							
									_			
					84	City			FL 85	Zip Code	,	
office or re agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florid tions of,	la, Such change was at Section 607.0505, Flor	uthorize rida Sta	ed by atutes.	the corp	oration	ration submits this statement for the purpor's board of directors. I hereby accept the	арропители а	g its regi is registe	stered ered	
	Signature, typed or printed name of registered agent					t signature r	required v	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		CTORS	INI 12	
12.	OFFICERS AN	D DIRE		13			т	ADDITIONS/CHANGES TO OFFICER	Chai		Addition	
TITLE .	D		☐ DELETE	1	TITLE		1			9° L		
NAME	RICHARDSON, BRUCE R.			1.2	NAME							
STREET ADDRESS	24 NE 56TH TERRACE			1.3	STREET	ADDRESS			•		1	
CITY-ST-ZIP	OCALA FL			1.4	CITY-ST	-ZIP			<u> </u>	·		
TITLE	S	☐ DELETE 2.1 T		1 TITLE				X Cha	nge [Addition		
NAME	Drozdowicz, Peter L			2.2 NAME				. • _			ł	
STREET ADDRESS	520 SE 56TH AVE		•	2.3 STREE		ADDRESS		9 SE 54th Court			ţ	
CITY-ST-ZIP	CALA FL 2.41		2.4 CITY-ST-ZIP		Q	ALA, FL 34471						
TITLE			3.1	3.1 TITLE				Cha	nge [Addition		
NAME			3.2	3.2 NAME				•		ļ		
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP					CITY-S							
TITLE			☐ DELETE		TITLE				☐ Chai	nge [Addition	
NAME			**	1	NAME						ĺ	
1						ADDRESS						
STREET ADDRESS					CITY-ST		1				ł	
CITY-ST-ZIP				4.4	un r+ol	- 415						

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 copporation 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 chapted, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

Change

☐ Change

Addition

☐ Addition