

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S37809 (8)

1. Corporation Name  
BERKELEY PENNINGTON ASSOCIATES, INC.



Principal Place of Business 9160 BUTTERFLY CT. BURY ST EDMUNDS. FT.MYERS FL 33918 US	Mailing Address C/O PINNACLE HOUSE, 19 TASSER ROAD NEWMAN HOUSE NORTHGATE AVENUE BURY ST.EDMUNDS SUFFOLK EN IP326 EG
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2. Principal Place of Business 21 2449 1ST ST Suite, Apt #, etc 22 City & State 23 FT MYERS Zip 24 FL 33901 Country 25 USA	2a. Mailing Address 26 PINNACLE FLIGHT SERVICES LTD Suite, Apt #, etc 27 NEWMAN HOUSE, NORTHGATE AVE City & State 28 BURY ST EDMUNDS SUFFOLK Zip 29 IP 32 6BB Country 30 ENGLAND
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3. Date Incorporated or Qualified 03/11/1991	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0256780	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CODY, LADONNA J.P.A. 2449 1ST ST FT MYERS FL 33901	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 FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WESTBROOK, DENIS S. 9180 BUTTERFLY CT FT MYERS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DPS WESTBROOK DENIS S. 2449 FIRST ST FT MYERS FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WESTBROOK, DAVID J 34 PENNINGTONS BI SHOPS STORFORD HE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V WESTBROOK DAVID J 2449 FIRST STREET FT MYERS F 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Denis S. Westbrook DATE: 04-04-97 DAYTIME PHONE: 941 334 3776

CR2E034 (9/96)