

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S52930 (2)

1. Corporation Name
FVR & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

6020 S.W. 58TH PLACE
P.O. BOX 431403
MIAMI FL 33243-1254
US

P.O. BOX 43-1403
P.O. BOX 431254
MIAMI FL 33243-1403
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1991

4. FEI Number

65-0275127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes ☐ No

2. Principal Place of Business

21 6920 SW 58 PLACE
Suite, Apt. #, etc.

22 MIAMI, FL 33143-3647
City & State

23

Zip

Country

24

2a. Mailing Address

26 POST OFF BOX 43-1403
Suite, Apt. #, etc.

27 MIAMI, FL 33243-1403
City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BERRY, MILLARD C.
6920 SW 58TH PLACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

MILLARD C. BERRY

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

POST OFF BOX 43-1403

83

MIAMI, FL 33243-1403

84 City

FL

85 Zip Code

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

MILLARD C. BERRY

MILLARD C. BERRY

JAN 3, 1998

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME VAN REIGERSBERG, FRANK V
STREET ADDRESS POST OFFICE BOX 43-1403
CITY-ST-ZIP MIAMI FL 33243-1403

☐ DELETE

TITLE DVP
NAME BERRY, MILLARD C.
STREET ADDRESS POST OFFICE BOX 43-1403
CITY-ST-ZIP MIAMI FL 33243-1403

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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: MILLARD C. BERRY

1/3/98

CR2E034 (10/97)