

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V16658 (9)
1. Corporation Name:
BERLINER RESOURCES, INC.

Principal Place of Business Mailing Address
**PO BOX 0903
BRANDON FL 33509
US** **PO BOX 0903
BRANDON FL 33509
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **04/22/1994**
4. FEI Number **59-3113447** 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**
7. This corporation has liability for a marginal tax under § 139.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

9. Name and Address of Current Registered Agent

**MAREK, DAVID
4036 BELL GRANDE DRIVE
VALRICO FL 33594**

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

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 607.1505, Florida Statutes.

SIGNATURE

(Signature of Agent or Registered Agent or Secretary of State)

(Signature of Agent or Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME **D MAREK, DAVID**
12.2 STREET ADDRESS **4036 BELL GRANDE DRIVE**
12.3 CITY, ST., ZIP **VALRICO FL**
12.4 NAME **D MAREK, SUSAN**
12.5 STREET ADDRESS **4036 BELL GRANDE DRIVE**
12.6 CITY, ST., ZIP **VALRICO FL**
12.7 NAME
12.8 STREET ADDRESS
12.9 CITY, ST., ZIP
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST., ZIP
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY, ST., ZIP
12.16 NAME
12.17 STREET ADDRESS
12.18 CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST., ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST., ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST., ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST., ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST., ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information furnished 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. I am an officer or director of the corporation or am the owner or trustee empowered to execute this report as required by Chapter 1307, Florida Statutes, and that my name appears in Block 12 or 13 of this filing, and I am in compliance with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MAREK

4/15/95

213-220-9174