SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

STREET ADDRESS

CITY-ST-ZIP

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL ŘEPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** 97 JUL 25 AM 10: 49 DOCUMENT #
1. Corporation Name (0) SECRETARY OF STATE TALLAHASSEE, FLORIDA BERRMO, INC. Principal Place of Business Mailing Address 41 EAST PALMETTO PARK ROAD 41 EAST PALMETTO PARK ROAD **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>03/18/1992</u> 03/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0321615 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 30 ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KING, TERRI 7000 W. PALMETTO PARK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **#502** 83 **BOCA RATON FL 33433** City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition **DEMARMELLS, RETO** NAME 1.2 NAME 41 E PALMETTO PARK DR STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change ___ Addition CHARLIP, ELIOT NAME 2.2 NAME **5238 GREAT OAKS CT** STREET ADDRESS 23 STREET ADDRESS W BLOOMFIELD MI CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 10000225262°1 Dame -07/30/37--01076--005 TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ****165.00 ****165.00 CITY-ST-ZIP 3.4. CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-st-zip 4.4 CITY-ST-ZIP TITLE DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 61 TITLE ■ Addition NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 33 schanged, or of an attachment with an address.



So Whom it May Loncun,

To my surprise & have before me a second notice for the '97 Profit Corp. annual Report. Inm my home I would this letter and I so not have the chick stubs here. I am sure the 1st attempt to pay this was early March, Laving written the check myself. I spope with Robin Easom one of your advisors, who suggested this letter & and a second attempt to pay. Having no other affenses before me Despe our payment of 1105 will be considered.

søen booling forward to søen tesponse. Lynne Demarnels