
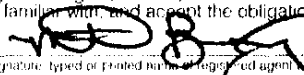
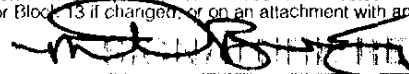


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V46311 (9) 1. Corporation Name BERNING ENTERPRISES, INC.					
Principal Place of Business 01915 SPRING LAKE RD FRUITLAND PARK FL 34731			Mailing Address 01915 SPRING LAKE RD FRUITLAND PARK FL 34731-5245		
2. Principal Place of Business 21 1530 DAK GLENN CT. Suite, Apt. #, etc. 22 City & State 23 FRUITLAND PARK, FL Zip 24 34731 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 06/22/1992 3a. Date of Last Report 05/09/1996 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input 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 BERNING, MICHAEL W. 01915 SPRING LAKE RD FRUITLAND PARK FL 34731			10. Name and Address of New Registered Agent 81 Name BERNING, MICHAEL W. 82 Street Address (P.O. Box Number is Not Acceptable) 1530 DAK GLENN CT. 83 84 City FRUITLAND PARK FL 85 Zip Code 34731		
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  DATE 2-26-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> DELETE NAME BERNING, MICHAEL W. STREET ADDRESS 01915 SPRING LAKE RD CITY-ST-ZIP FRUITLAND PARK FL TITLE VP <input type="checkbox"/> DELETE NAME BERNING, ELIZABETH J STREET ADDRESS 01915 SPRING LAKE RD CITY-ST-ZIP FRUITLAND PARK FL TITLE T <input type="checkbox"/> DELETE NAME BERNING, JAYES R STREET ADDRESS 3882 NE 87TH TERRACE CITY-ST-ZIP SILVERSPRINGS FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 13 if changed, or on an attachment with an address. SIGNATURE:  2-26-97 1-800-346-4586 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)