


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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90125 044 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S04111
 1. Corporation Name
GARY BERCH PRESENTATIONS, INC.



Principal Place of Business Mailing Address
~~21201 HIGHLAND LAKES BLVD~~ ~~NORTH MIAMI BEACH FL 33179~~
~~21201 HIGHLAND LAKES BLVD~~ ~~NORTH MIAMI BEACH FL 33179~~

As of 6/1/99

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1990

4. FEI Number **65-0218228** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 15611 DEERHAVEN COURT **26 15611 DEERHAVEN CT.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
 City & State City & State
23 DAVIDSON, NC **28 DAVIDSON, NC**
 Zip Country Zip Country
24 28036 **25 USA** **29 28036** **30 USA**

9. Name and Address of Current Registered Agent
BERCH, GARY
21201 HIGHLAND LAKES BLVD
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
BERCH, SEYMOUR
13455 SW 16TH COURT
SUITE F 201
PEMBROKE PINES, FL
33027

15 Zip Code **33026**
 Changing its registered agent as registered

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of the office of the registered agent, or both, in the State of Florida. Such change was authorized by the corporation or the agent. I am familiar with, and accept, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* X *Seymour Berch* 4.7.99
 Signature typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERCH, GARY	
STREET ADDRESS	21201 HIGHLAND LAKES BLVD 15611 DEERHAVEN CT	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179 DAVIDSON, NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	28036	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERCH, GARY	
1.3 STREET ADDRESS	15611 DEERHAVEN COURT	
1.4 CITY-ST-ZIP	DAVIDSON, NC 28036	
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 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 attached form with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4.7.99 704 895-5944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)