

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 357006 (6)
 1. Corporation Name
BURT AND SCHELD FACULTATIVE CORPORATION



Principal Place of Business 140 SOUTH ATLANTIC AVENUE P.O. BOX 2574 ORMOND BEACH FL 32176 US	Mailing Address 140 SOUTH ATLANTIC AVENUE P.O. BOX 2574 ORMOND BEACH FL 32176-6689 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	29. Country

3. Date Incorporated or Qualified 12/17/1969	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1283020	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ORMOND RE GROUP, INC.
 140 SOUTH ATLANTIC AVENUE
 ORMOND BEACH FL**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVT <input type="checkbox"/> DELETE	1.1 TITLE	SVTD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, WILLIAM T	1.2 NAME	
STREET ADDRESS	5 SHERWOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURT, W L	2.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEINER, JOHN B.	3.2 NAME	
STREET ADDRESS	140 S ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DIPARDO, ANTHONY L.
STREET ADDRESS		4.3 STREET ADDRESS	140 S. ATLANTIC AVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AV
STREET ADDRESS		5.3 STREET ADDRESS	LEE, M.M.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	140 S. ATLANTIC AVE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AV
STREET ADDRESS		6.3 STREET ADDRESS	BUTCKA, A.A.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	140 S. ATLANTIC AVE

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: *William T. Long* **William T. Long, Sr. VP & Treas. 4/3/97 (904) 677-4453**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)