


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90286 001 \*1,500.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 357006**

1. Corporation Name  
**BURT AND SCHELD FACULTATIVE CORPORATION**



Principal Place of Business 140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US	Mailing Address 140 SOUTH ATLANTIC AVENUE SUITE 400 ORMOND BEACH FL 32176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/17/1969	4. FEI Number 59-1283020	Applied For Not Applicable
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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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ORMOND RE GROUP, INC.  
 140 SOUTH ATLANTIC AVENUE  
 SUITE 400  
 ORMOND BEACH FL 32176

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 607.0505, 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	SVTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM T	1.2 NAME	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	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 SOUTH ATLANTIC AVENUE, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	
TITLE	EVSD <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 SOUTH ATLANTIC AVENUE, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	
TITLE	SVD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIPARDO, ANTHONY L	4.2 NAME	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	4.4 CITY-ST-ZIP	
TITLE	AV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, M M	5.2 NAME	Hartz, A.J.
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	5.3 STREET ADDRESS	140 S. Atlantic Avenue, Suite 400
CITY-ST-ZIP	ORMOND BEACH FL 32176	5.4 CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	AV B <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCKA, A A	6.2 NAME	
STREET ADDRESS	140 SOUTH ATLANTIC AVENUE, SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	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 attachment with an address, with all other like empowered.

SIGNATURE: William T. Long  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (904) 677-4453  
 Date Daytime Phone #

CR2E034 (1/98)