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FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **610468** **(1)**

1. Corporation Name
BURGESS THOMASSON CORPORATION

Principal Place of Business	Mailing Address
3660 NW 21ST ST MIAMI FL 33142	8510 ARDOCH RD MIAMI FL 33016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1979

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-1884415 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KUHNKE, WERNER
8510 ARDOCH RD
MIAMI FL ~~33142~~ 33016

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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	THOMASSON, BURGESS A		1.2 NAME	
STREET ADDRESS	~~3660 NW 21ST ST~~		1.3 STREET ADDRESS	→ 2829 NE 24TH PLACE
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	FT LAUD., FL 33305
TITLE	PST	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	KUHNKE, WERNER		2.2 NAME	
STREET ADDRESS	~~3660 NW 21 ST~~		2.3 STREET ADDRESS	→ 8510 ARDOCH RD
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	MIAMI, FL 33016
TITLE	V	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	SCHAEFER, JAMES A		3.2 NAME	→ 364 MARSH PT. CIRCLE
STREET ADDRESS	~~3660 N.W. 21ST ST~~		3.3 STREET ADDRESS	ST. AUGUST. FL 32084
CITY-ST-ZIP	~~MIAMI FL~~		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		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: _____ DATE: 1/15/98 305