

822123

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1992 Annual Report

Filed on 6-9-92

2 pgs.

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

31-932

APPROVED  
SEC. OF STATE  
CORPORATIONS DIV.  
TALLAHASSEE, FLA.  
FILED

Read Instructions on Other Side Before Making Entries  
**FILING FEE \$61.25 Make Payable To: Secretary of State.**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT #822123 (6)**

**BURNUP & SIMS INC.**  
**1 NORTH UNIVERSITY DRIVE**  
**P.O. BOX 15070**  
**PLANTATION FL 33324-2031**

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an Amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida **12/02/1968**

3a. Date of Last Return

**06/24/1991**

4. Federal Tax ID Number

**59-1259279**

FBI Number Applied For

FBI Number Not Applicable

5. **\$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED

6. Names and Street Addresses of Each Officer and Director (Do not use any abbreviations or initials to cover over incorrect information)

1. Title	2. Name of Officer and Director	3. Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	4. City and State
1 P/D	CAPORELLA, NICK A.	1 NORTH UNIVERSITY DRIVE	PLANTATION, FL
2 V/S	MADDEN, MARGARET M.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
3 D/C	SIMS, RILEY V.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
4 V	GRANT, EDWARD L.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
5 V	BRACKEN, GEORGE R.	1 N. UNIVERSITY DRIVE	PLANTATION, FL.
6 D	HARTHORN, SAMUEL C. JR.	1 N. UNIVERSITY DRIVE	PLANTATION, FL.

**REGISTERED AGENT INFORMATION**

**C T CORPORATION SYSTEM**  
**8751 W. BROWARD BLVD.**  
**PLANTATION, FL 33324**

7. Name and Address of Registered Agent

81 **C T CORPORATION SYSTEM**

82 Street Address 1 (Do NOT Use P.O. Box Numbers)

**1200 S. PINE ISLAND RD.**

83 Street Address 2 (Do NOT Use P.O. Box Numbers)

84 City

**PLANTATION**

85 State

**FL.**

86 Zip Code

**33324**

9. Pursuant to the provisions of Sections 607.01(2) and 607.01(3) of the Florida Statutes, the above-named corporation submits this statement for the purpose of filing and registration with the Secretary of State of Florida. Such change and, authorized by the Corporation's Board of Directors, I hereby accept the appointment as registered agent for said corporation with and as to the provisions of Section 607.01(2) Florida Statutes.

SIGNATURE

Registered Agent Accepting Appointment

**CM# 706508139**

DATE

10. This corporation is liable for unpaid taxes under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax)

11. I hereby declare that the information furnished in this statement is true and correct and that my signature shall have the same legal effect as if I had personally signed the same. I am a resident of the State of Florida and am authorized to execute this report as required by Chapter 607 of the Florida Statutes.

SIGNATURE

*Margaret M. Madden*

DATE

**6/1/92**

Margaret M. Madden

Secretary

Telephone Number  
( 305 ) 587-4512

12. Should you wish to change the name of the corporation, change the name of the registered agent, or change the address of the corporation, check the box and include an additional fee of \$5.00 for the filing fee.