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1989 Annual Report

Filed on 7-12-89

2 pgs.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED
CM # 18 AND 53 445
FILED IN THIS SPACE

CORPORATION

ANNUAL REPORT
1989



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

1989 JUL 12 AM 9:50

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

ZIP + 4

822123 6
BURNUP & SIMS INC.
1 NORTH UNIVERSITY DRIVE
P.O. BOX 15070
PLANTATION, FL 33324

If above address is incorrect in any way, enter the correct address
in item 2, include Zip Code

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3 Date Incorporated or Qualified To Do Business in Florida

12/02/1968

4 Federal Employer Identification Number (FEIN)

59-1259279

5 Date of Last Report

07/29/1988

6 Names and Street Addresses of Each Officer and Director as of December 31, 1988

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	CAPORELLA, NICK A.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
V	EKSTROM, JOHN J.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
D/c	SIMS, RILEY V.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
V	GRANT, EDWARD L.	1 N. UNIVERSITY DRIVE	PLANTATION, FL
V	BRACKEN, GEORGE R.	1 N. UNIVERSITY DRIVE	PLANTATION, FL.
D	HARTHORN, SAMUEL C. JR.	1 N. UNIVERSITY DRIVE	PLANTATION, FL.

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION, FL 33324

8 Name and Address of New Registered Agent

Name 81

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

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

City and State 84

FL

Zip Code 85

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by the board of directors on _____.

I hereby accept the appointment of registered agent in familiar with, and accept the obligations of, Section 607.025 FS.

SIGNATURE _____
Registered Agent Accepting Appointment

DATE _____

10 If a fee is corporation, the first transacted business in Florida 12/02/68

See signature restrictions under instructions on reverse side of this form.

11 Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath. Officer or Director signing must be listed in Block 6.

Signature of Officer or Director
JOHN J. EKSTROM
VICE PRESIDENT

Date
June 16, 1989
Telephone Number
(305)-587-4512

12 Would you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$6 Additional Fee required for a Certificate of Status