

822123

800002451928--4

1988 Annual Report
filed on 7-29-88

2 pgs.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

AND
 cm # 744 892 742
 DO NOT WRITE IN THIS SPACE

CORPORATION
 ANNUAL REPORT
 1988



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

FLORIDA DEPT. OF STATE
 CORPORATIONS DIVISION
 TALLAHASSEE, FLORIDA

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office.

822123
 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 07/09/1987

6 Names and Street Addresses of Each Officer and Director as of December 31, 1987

1	2	3	4	5
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	
1 CAPORELLA, NICK A.	P/D	1 N. UNIVERSITY DRIVE	PLANTATION, FL	
2 EKSTROM, JOHN J.	V/P	1 N. UNIVERSITY DRIVE	PLANTATION, FL	
3 SIMS, RILEY V.	D	1 N. UNIVERSITY DRIVE	PLANTATION, FL	
4 GRANT, EDWARD L.	V	1 N. UNIVERSITY DRIVE	PLANTATION, FL	
5 BRACKEN, GEORGE R.	V	1 N. UNIVERSITY DRIVE	PLANTATION, FL.	
6 HARTHORN, SAMUEL C. JR.	D	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 its board of directors on _____.

I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment)

10 If a foreign corporation, date first transacted business in Florida 12/2/68

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

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 007 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signing must be listed in Block 6.)

Signature *John J. Ekstrom* Date June 13, 1988

Name of Signing Officer or Director JOHN J. EKSTROM Title VICE PRESIDENT Telephone Number (305)-537-4572

12 Should you desire a certificate of status check the box

CERTIFICATE OF STATUS DESIRED

\$5 Additional Fee required for a Certificate of Status