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1993 Annual Report

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**File Now. Filing Fee after May 1 is \$225.00**

**CORPORATION  
ANNUAL REPORT  
1993**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/02/1968** 3a. Date of Last Report: **06/09/1992**

4. FEI Number: **591253279** 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$138.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 1991(3)(2), Florida Statutes:  Yes  No

2. Mailing Address: **1 North University Drive**  
22. State: **Plantation, FL**  
23. City: **Plantation, FL**  
24. Zip: **33324** 25. Country: **USA**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name: \_\_\_\_\_  
82. Mailing Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ 85. State: **FL** 86. Country: \_\_\_\_\_

11. I, pursuant to the provisions of Sections 617.0500 and 617.0502 and 617.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the responsibility as registered agent of the corporation and accept the provisions of Section 617.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
NAME	<b>P/D CAPORELLA, NICK A. 1 NORTH UNIVERSITY DRIVE PLANTATION FL</b>
NAME	<b>V/S MADDEN, MARGARET M. 1 N. UNIVERSITY DRIVE PLANTATION FL</b>
NAME	<b>D/C BENS, RILEY V. 1 N. UNIVERSITY DRIVE PLANTATION FL</b>
NAME	<b>V GRANT, EDWARD L. 1 N. UNIVERSITY DRIVE PLANTATION FL</b>
NAME	<b>V BRACKEN, GEORGE R. 1 N. UNIVERSITY DRIVE PLANTATION FL</b>
NAME	<b>D HATHORN, SAMUEL C. JR. 1 N. UNIVERSITY DRIVE PLANTATION FL</b>

13. OFFICERS AND DIRECTORS EMPLOYEES	
NAME	
NAME	
NAME	<b>D WILLIAM A. MORSE</b>
NAME	
NAME	
NAME	<b>HATHORN</b>

14. I, \_\_\_\_\_, Secretary of the above-named corporation, certify that the information furnished in this report is true and correct and that my signature shall have the same effect as if made under oath. I am authorized to execute this report as required by Chapter 117, Florida Statutes.

SIGNATURE: Margaret M. Madden C#P7650833 DATE: 4/19/93  
Margaret M. Madden Secretary (305) 587-4512