

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P21345**
1. Corporation Name

BURTON INVESTMENTS OF DELAWARE, INC.
CROSS REF: **BURTON INVESTMENTS, INC.**

Principal Place of Business: **1900 INTERNATIONAL PARK DRIVE BIRMINGHAM, AL 35243**
Mailing Address: **P.O. BOX 360900 B'HAM, AL 35236-0900**

3. Date Incorporated or Qualified: **10.19.88**
3a. Date of Last Report: **5.3.95**
4. FEI Number: **63-0987202**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 (81) Name (82) Street Address (83) (84) City (85) Zip Code **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BURTON, ROBERT O.		1.2 NAME: _____	
STREET ADDRESS: 1900 INT'L PARK DR.		1.3 STREET ADDRESS: _____	
CITY- ST- ZIP: B'HAM AL 35243		1.4 CITY- ST- ZIP: _____	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CLYCE, THOMAS E. JR.		2.2 NAME: _____	
STREET ADDRESS: 1900 INT'L PARK DR.		2.3 STREET ADDRESS: _____	
CITY- ST- ZIP: B'HAM AL 35243		2.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME: _____	
STREET ADDRESS: _____		3.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		3.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME: _____	
STREET ADDRESS: _____		4.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		4.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____	
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		5.4 CITY- ST- ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY- ST- ZIP: _____		6.4 CITY- ST- ZIP: _____	

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/24/96** EXPIRES: **(205) 969-1900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (12/95)