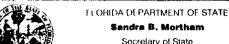
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1998 **DOCUMENT #** 



Secretary of State DIVISION OF CORPORATIONS

(5)

## **FILED** Feb 18 1998 8:00am Secretary of State

BURCH Principal Plac 5350 N. PINES		Mailing Address P.O. BOX 1436						
ORLANDO FL		WINTER PARK FL 32790	H1436			DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified	I INIS SPACE	·
					'	03/04/1969		
2. Principal P	lace of Business	28. Mailing Address			- 1	4. FEI Number	Ap	plied For
21		26				59-1233782	No	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		1	5, Certificate of Status Desired		Additional equired	
City & State	0	City & State		•	Election Campaign Financing     Trust Fund Contribution		May Be to Fees	
Z <sub>I</sub> p	Country 25	Z(p)	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No		
	g, Name and Address of Curren	t Registered Agent				<ol><li>Name and Address of New Regis</li></ol>	stered Agent	
BUI	RCH, RICHARD		81	Name	9			
	Gazell trail Iter springs fl 32708		82	Street	t Address	(P.O. Box Number is Not Acceptable	)	
***	TIET OF THIT OF TE OF TO		83					
			64	City			<b>85</b> Zip	Code
SIGNATURE	Signature, typed or purities name of regulated age	ed and tile d appointed (NC	OF Registered Ap			s board of directors. I hereby accept the reinstating	DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PO DELETE			1.1 TUTLE			L. Change	Addition
NAME	BURCH, RICHARD K 864 GAZELL TRAIL			1.2 NAME				
STREET ADDRESS	WINTER SPRINGS FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<b>'  </b>			
CITY-ST-ZIP TITLE	DELETE			2.1 TIFLE			Change	Addition
NAME		<del></del>	9	2.2 NAME				_
STREET ADDRESS			2.3 STREE	2.3 STREET ADDRESS				
CITY-ST-ZIP				2 4 CITY - ST - ZIP				F**1 7 - 3.3
TITLE	☐ D€L€TE		3.1 TITLE				☐ Change	Addition
NAME			3 2 NAME					
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE			3 4. CITY - ST - ZIP 4.1 TITLE			Change	Addition
NAME			4 2 NAME				•	
STREET ADDRESS			4.3 STREET ADDRESS		;			
CITY-S1-ZIP			4.4 CITY-	4.4 CITY-ST-ZIP				
TITLE			5 1 TITLE	5 1 TITLE			Change	Addition
NAME	1		5.2 NAME					
STREET ADORESS			5.3 STREE	t address				
The state of the s			5.4 CITY-	\$1 - ZIP				T 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE	□ DELETE e		6.1 TITLE		1		Change	Addition

14. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 if changed, or on an attachment with an address

62 NAME

CITY-ST-ZIP

12, 1998 401-290 9662