

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **484922** (0)  
1. Corporation Name  
**BURKHARDT CONSTRUCTION, INC.**

Principal Place of Business <b>1400 ALABAMA AVENUE #20 BOX 921 WEST PALM BEACH FL 33402</b>	Mailing Address <b>1400 ALABAMA AVENUE #20 BOX 921 WEST PALM BEACH FL 33402-0921</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/24/1975</b>	3a. Date of Last Report <b>04/01/1996</b>
21 Suite, Apt. #, etc.	26	27	28	4. FEI Number <b>59-1622522</b>	Applied For Not Applicable
22 City & State	27	28	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>BURKHARDT, VINCENT G 1400 ALABAMA AVENUE #20 WEST PALM BEACH, FL 33402</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	BURKHARDT, VINCENT G	1.2 NAME	
STREET ADDRESS	1400 ALABAMA AVE. #20	1.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL	1.4 CITY - ST - ZIP	
TITLE	VDS	2.1 TITLE	
NAME	BURKHARDT, SHARON H.	2.2 NAME	
STREET ADDRESS	1400 ALABAMA AVE., #20	2.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	V D
NAME		3.2 NAME	Dennis E. Haynes
STREET ADDRESS		3.3 STREET ADDRESS	1400 Alabama Ave., #20
CITY - ST - ZIP		3.4 CITY - ST - ZIP	West Palm Beach, FL 33401
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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

SIGNATURE: Sharon H. Burkhardt Sharon H. Burkhardt 4/7/97 561-659-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)