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

Mar 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 559949 (3)BURKET INVESTMENTS, INC. Principal Place of Business Mailing Addross 15020 SW 145TH ST. 15020 SW 145 STREET MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1978 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-1799367 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes 25 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KEMP, WM. O. 1438 KENNEDY DR Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 11 TITLE TITLE BURKET, CALVIN T. NAME 1.2 NAME 15020 SW 145 ST. STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-2IP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BURKET, MICHAEL T. 2.2 NAME NAME STREET ADDRESS 15020 SW 145 ST. 2.3 STREET ADDRESS **MIAMI FL 33198** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change TITLE **6.1 TITLE** NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

PRESIDENT

26/9R

14. Thereby 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 reconver 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 changert, or or an attachment with an address.

CITY - ST - ZIP

SIGNATURE

FILED