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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthum

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 604118

(0)

BURRO	DUGHS ENTERPRISES, INC	;,								
Principal Plan	oc of Business	Mailing Address	····			1				
8881 S.W. 57TH CT. COOPER CITY FL 33328		8881 S.W. 57TH CT. COOPER CITY FL 33328-5128								
}							Date Incorporated or Qualified 01/29/1973	,	ate of Last Report	
2, Principal	Place of Business	2a. Mailing Address				4.	FEI Number		Applied For	
21		26				L	59-1452280		Not Applicable	
Suite, Apt	t #, etc.	Suite, Apt. #, etc.				Б.	Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	ite	City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Co 29 30			untry 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes No					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
1	IRROUGHS, JOHN 50 TAFT ST		81		Name					
	OLLYWOOD FL 33024		82	2	Street Address (P.O. Box Number is Not Acceptable)					
			83	3			101 P			
	•		84		City			FL	85 Zip Code	
11. Pursuant office or agent. I	I to the provisions of Sections 607.05 registered agent, or both in the Sta am taxifliar with, any accept the oblined for the section of the	te of Florida. Such change was igations of. Section 607.0505, Fl	authorized b lorida Statute	es.	-named corpor the corporation	n's b	oard of directors. I hereby accep	t the app	changing its registered cointment as registered	
12.	OFFICERS A	ERS AND DIRECTORS 13					DDITIONS/CHANGES TO OFFIC	ERS AND		
TOTAL	P	☐ DELETE	1.1 TITLE						Change Addition	
NAME CARREST ASSESSED	BURROUGHS, JOHN		1.2 NAME		ADDDICE C	ፍ ቋ	1 S.W. 57 CT	ı		

Cooper City, FL 38328 Change HOLLYWOOD FL 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE 2.1 TITLE TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE 32 NAME 3.3 SYREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - 7IP DELETE Addition 5.1 TITLE TATLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CITY- \$1 - 7IP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHTY - 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 Bloc

SIGNATURE

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 680 9441

Daytime

FILED

Apr 07 1997 8:00am

Secretary of State

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