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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # **610468** **(1)**

1. Corporation Name
**BURGESS THOMASSON CORPORATION**

Principal Place of Business
3660 NW 21ST ST
MIAMI FL 33142

Mailing Address
8510 ARDOCH RD
MIAMI FL 33016
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1979

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

4. FEI Number
59-1884415
Applied For
Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
KUHNKE, WERNER
8510 ARDOCH RD
MIAMI FL ~~33142~~ 33016

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition |
| NAME | THOMASSON, BURGESS A | 1.2 NAME | |
| STREET ADDRESS | ~~3660 NW 21ST ST~~ | 1.3 STREET ADDRESS | 2829 NE 24TH PLACE |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 1.4 CITY-ST-ZIP | FT LAUD., FL 33305 |
| TITLE | PST ☐ DELETE | 2.1 TITLE | ☑ Change ☐ Addition |
| NAME | KUHNKE, WERNER | 2.2 NAME | |
| STREET ADDRESS | ~~3660 NW 21 ST~~ | 2.3 STREET ADDRESS | 8510 ARDOCH RD |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 2.4 CITY-ST-ZIP | MIAMI, FL 33016 |
| TITLE | V ☐ DELETE | 3.1 TITLE | ☑ Change ☐ Addition |
| NAME | SCHAEFER, JAMES A | 3.2 NAME | |
| STREET ADDRESS | ~~3660 N.W. 21ST ST~~ | 3.3 STREET ADDRESS | 364 MARSH PT. CIRCLE |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 3.4 CITY-ST-ZIP | ST. AUGUST. FL 32084 |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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

CR2E034 (10/97)