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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704318 (5)

1. Corporation Name
BURTON POINT INC



Principal Place of Business 535 HENDRICKS ISLE FT LAUDERDALE FL 33301	Mailing Address 535 HENDRICKS ISLE FT LAUDERDALE FL 33301-3731
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3. Date Incorporated or Qualified 07/24/1962	3a. Date of Last Report 02/02/1996
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21. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt #, etc. City & State Zip Country
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4. FEI Number 59-1006634	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FOSTER DONALD L
535 HENDRICKS ISLE
FT LAUDERDALE FL 33301**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	KENNEY, BETSY
STREET ADDRESS	555 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, KENNETH
STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ODABASHIAN, HARRY
STREET ADDRESS	535 HENDRICKS, ISLE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OBRIAN, THOMAS
STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT LAUDERDALE FL 00000
TITLE	DST <input type="checkbox"/> DELETE
NAME	FOSTER, DONALD L
STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HOLM, THOMAS
STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUCY HUBER
2.3 STREET ADDRESS	535 HENDRICKS ISLE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL KRESHTAN
3.3 STREET ADDRESS	535 HENDRICKS ISLE
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRONTZHEIM TRACY
6.3 STREET ADDRESS	535 HENDRICKS ISLE
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** _____ **1/14/97** **954 467 0508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035421

CR2E037 (9/96)