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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthart 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
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3. Date Incorporated or Qualified 07/24/1962	4. FEI Number 59-1006634	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	XXXXXXXXXX VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, BETSY	1.2 NAME	KENNEY, BETSY
STREET ADDRESS	555 HENDRICKS ISLE	1.3 STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	XXXXXXXXXX <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEED, LUCY	2.2 NAME	WILLIAM A. GIBBY
STREET ADDRESS	535 HENDRICKS ISLE	2.3 STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KELESHIAN, MICHAEL	3.2 NAME	
STREET ADDRESS	535 HENDRICKS ISLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	OBRIAN, THOMAS	4.2 NAME	
STREET ADDRESS	535 HENDRICKS ISLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 00000	4.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	5.1 TITLE	XXXXXXXXXX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DONALD L	5.2 NAME	FOSTER, DONALD L
STREET ADDRESS	535 HENDRICKS ISLE	5.3 STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	XXXXXXXXXX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROITZHEIM, TRACY	6.2 NAME	FROITZHEIM, TRACY
STREET ADDRESS	535 HENDRICKS ISLE	6.3 STREET ADDRESS	535 HENDRICKS ISLE
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	FT. LAUDERDALE FL

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

SIGNATURE _____

CR2E037 (10/97)