Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704318

Corporation Name

BURTON POINT INC

Principal Place of Busines	S
535 HENDRICKS ISLE	
FT LAUDERDALE FL 33301	

2. Principa Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

535 HENDRICKS ISLE FT LAUDERDALE FL 333)1

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90003 031 ****61.25



3. Date Incorporated or Qualifed

07/24/1962

4. FEI Number

22		27				i	59-1006634		Not	Applicable			
City & State	e	City	& State				5. Certificate of Status Desired		\$8.75 A				
23		28							Fee Re	uired			
Zip	Country	Zip	r	Country		€	Election Campaign Financing	П	\$5.00				
24	25	29		<u>1</u>			Trust Fund Contribution		Added to	Fees			
	9. Name and Address of Curren	t Registered	Agent				Name and Address of New I	Registered A	gent				
				81	Name .	BETS	y KENNEY						
FOSTER D	ONALD L			82	Street /	Address ((P.O. DOX MUITIDEL IS MOJ ACCEPT	able)					
535 HENDRICKS ISLE				83	<u> </u>	35	HENDRICKS I	S/E					
FT LAUDERDALE FL 33301										Ì			
				84	City		**************************************		85 Zip C	ode			
					17	KAL	IDENPALE	FL		301			
office or n	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 cirectors. I hereby accept the appointment as reg stered												
agent. am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE BY SIGNATURE SIGNATURE SIGNATURE SIGNATURE BETS V KONNEY 1/6/2/99													
12.	Signature, typed or orinted name of registered agen OFFICERS AN			gistered Ager	it signeture n	equired whe	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	F:S IN 12			
TITLE	VD OFFICERS AIR	E-CHALLO I OF	☐ DELETE	1.1 TITLE		STD			Change	Addition			
NAME	KENNEY, BETSY			1.2 NAME			NEY, BETSY		X				
STREET ADDRESS	535 HENDRICKS ISLE			1.3 STREET	ADDRESS !	1	·	Т.					
********				1.4 CITY-S		1	HENDRICKS ISL	22221					
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL DS		DELETE	2.1 TITLE	1-21	DV	LAUDERDALE FL		Change	Addition			
NAME	GILROY, WILLIAM A			2.2 NAME		1 '5 '	ROY, WILLIAM A		T.				
STREET ADDRESS	535 HENDRICKS ISLE			2.3 STREET	T ADDRESS	ı	HENDRICKS ISL	F		ĺ			
CITY-ST-ZIP	FT. LAUDERDALE FL			2, 4 CITY-S			LAUDERDALE FL						
TITLE	D		☐ DELETE	3.1 TITLE	.,	D	DAUDERDADO CIV		Change	Addition			
NAME	KELESHIAN, MICHAEL			3.2 NAME		DUN	N, MICHELLE			X			
STREET ADDRESS	535 HENDRICKS ISLE			3.3 STREET	ADDRESS	535	HENDRICKS ISL	E					
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4. CITY-S	T-ZIP	FT.	LAUDERDALE FL	. 3330	1				
TITLE	DT	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		d			Change	Addition			
NAME	FOSTER, DONALD			4,2 NAME						1			
STREET ADDRESS	535 HENDRICKS ISLE			4.3 STREET	TADDRESS								
CITY+ST-ZIP	FT LAUDERDALE FL 00000			4.4 CITY-S	T- ZIP								
TITLE	DST		DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition			
NAME	FOSTER, DONALD L		<i>"</i> •	5.2 NAME						ĺ			
STREET ADDRESS	535 HENDRICKS ISLE			5.3 STREET	F ADDRESS					-			
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-S	T-ZIP	L							
TITLE	VD		DELETE	6.1 TITLE		PD			🔀 Change	Addition			
NAME	FROITZHEIM, TRACY			6.2 NAME		ı	ITZEIM, TRACY			Ì			
STREET ADDRESS	535 HENDRICKS ISLE			6.3 STREET	ADDRESS	ı	HENDRICKS ISL						
CITY-ST-ZIP	FT. LAUDERDALE FL			6.4 CITY-S	T-ZIP	FT.	LAUDERDALE FL	<u>. 3330</u>	1				

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, with all other like empowered.

SIGNATURE: BIGNATURE REPORTED OF PRINTED TAME OF FIGHT OF

4/32/99 454-465-4377
Date Daytime Phone #

CD2E037 (11/0