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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

141

DANIE	n Name IL BURNER ASSOCIATES,	INC.				
Principal Place of Business 3605 W. CYPRESS DR. DUNNELLON FL 34433		Mailing Address 3605 W. CYPRESS DR. DUNNELLON FL 34433		* 1981/198 107/ \$250/ \$1518 \$1119 1917	ri 0101 01011 BIBLI Y	1589) DIGIS GIBIS DIBIS 1981
US		US		3. Date incorporated or Qualified	Taa Date of	Last Report
				10/14/1980	I	17/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	1	Applied For
1		26	······································	59-2046370		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	<del></del>	<del></del>
3	•	28		Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax u	
4	25	29	30	<del> </del>	S □ No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New F	Registered Ag	ent
Burner, Daniel F Jr. 3605 W. Cypress Dr.			81 Name			
			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	-
	. CTPRESS DR. LLON FL 34433		83			<del></del>
DOME	CEON I E OTTOS					
			84 City		FL	85 Zip Code
or register familiar wi	to the provisions of Sections 607.05t red agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authori	zed by the corporation's bo:	oration submits this statement for the purard of directors. Thereby accept the app	rpose of chang pointnient as reg	jing its registered offic gistered agent. I am
or register familiar wi SIGNATURE	ed agent, or both, in the State of Flo th, and accept the obligations of, Se Synature, typed or printed name of registered age OFFICERS A	nda. Such change was authorication 607.0505, Florida Statute ா a o frie d applicatio (ப ND DIRECTORS	Ted by the corporation's books.  Oth Registres Agent squartie requirements.	ard <b>of</b> directors. I hereby accept the app	DATE DERS AND DE	gistered agent. I am
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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. MARZCH 21, 1996 904-489-7232