

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 10:38

DOCUMENT # F67404 (6)

1. Corporation Name

BURT GROUP INC.

Principal Place of Business

2407 DEL PRADO BLVD. STE B
CAPE CORAL FL 33990

Mailing Address

2407 DEL PRADO BLVD. STE B
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/16/1982

3a. Date of Last Report

08/18/1994

4. FEI Number

58-1498089

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., etc.

18550 McGregor Blvd

City & State

Fort Myers FL

Zip

33908

Country

USA

Suite, Apt., etc.

18550 McGregor Blvd

City & State

Fort Myers FL

Zip

33908

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYWOOD, STEPHEN
2407 DEL PRADO BLVD. STE B
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 18550 McGregor Blvd

84 City

Fort Myers

FL

85 Zip Code

33908

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 the applicable

NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	SINCLAIR, JAMES M	2089 ARTHUR STREET WEST	THUNDER BAY, ONTARIO
D	HAYWOOD, STEPHEN	2500 DEL PRADO BLVD	CAPE CORAL FL
DS	GARNER, GARY E	84 SUMMIT AVE	THUNDER BAY, ONTARIO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
		18550 McGregor Blvd	Fort Myers FL 33908
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 it 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, and is accompanied with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Corporate Name #