FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400006189 (4)

BURGESS ISLAND ASSOCIATES, INC.

1800 HOLLY BEACH FARM ROAD **BURGESS ISLAND** ANNAPOLIS MD 21401-6117 **BOKEELIA FL 33922** 3a. Date of Last Report 3. Date Incorporated or Qualified 12/05/1994 04/05/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 52-1635521 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zιρ Zισ 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MUNZ, THOMAS C 16501 STRINGFELLOW ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **BOKEELIA FL 33922** 83 City 84 Zip Code 85 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 title if applicable INOTE: Registered Agent signature required when reinstaling) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE PCDT Change Addition 1.1 TITLE TIFLE MUNZ, THOMAS C 1.2 NAME NAME 16501 STRINGFELLOW ROAD 1.3 STREET ADDRESS STREET ADDRESS **BOKEELIA FL** CITY-\$1-7IP 1.4 CITY - ST - ZIP VSD Change Addition DELETE 2.1 TITLE TITLE MUNZ. ELIZABETH A 2.2 NAME NAME 16501 STRINGFELLOW ROAD STREET ADDRESS 23 STREET ADDRESS **BOKEEUA FL** CITY-S1-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 7(P) 3.4 CITY-ST-ZIP

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

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

TILLE

NAME

TITLE

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CITY - ST - ZIP

SIGNATURE AND TYPED ON PRINTED NAM

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1/21/97 941-283-2485

Change

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FILED

Jan 30 1997 8:00am

Secretary of State