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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **G79421**

(5)

1. Corporation	ON E. BURDICK, PROFESS	(-)	l			1 2.811 8121 1 1881
Principal Place	of Business	Mailing Address			. (
Suite 200 4367 N. Federal Highway Fort Lauderdale Fl 33308-5213		SUITE 200 4367 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308-5213		2 Data Incorporated as Oscillad		
				3. Date Incorporated or Qualified 01/19/1984	3a. Date of Last R 01/26/19	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2353978		Not Applicable
22		27		5. Certificate of Status Desired	1 1	Additional Required
City & State		City & State		6. Election Campaign Financing		O May Be
23		28		Trust Fund Contribution		d to Fees
Zip 24	Country 25	7(p Country 29 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New F	_	
			81 Name	10.	Toglotored Agent	
	K, BURTON E		82 Street Ad	dress (P.O. Box Number is Not Acceptal	201	
4367 N. FEDERAL HWY #200			oli eel Ad		ne)	
FORT L	AUDERDALE FL 33308-5213		83			
			84 City		—. 8 5 Zij	o Code
11. Pursuant to or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric h, and accept the obligations of, Secti	and 607.1508, Florida Statuti da. Such change was authoriz ion 607.0505, Florida Statutes	es, the above named corp ed by the corporation's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	rpose of changing its r continent as registered	egistered office agent. I am
	Signature, typed or printed name of zegistered agent		TE Registered Agent signature requi		DATE	
12. TITLE	OFFICERS AND	·	13.	ADDITIONS/CHANGES TO OFF	***************************************	
NAME	BURDICK, BURTON E	DETETE	1. 1 TITLE		Change	Addition
STREET ADDRESS	4367 N. FEDERAL HIGHWAY	#200	1.2 NAME			
CITY - ST - ZIP	FT. LAUDERDALE FL	. 200	1.3 STRE€1 ADDRESS 1.4 City - St - Zip			
TITLE		DELF16	2. 1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADURESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CHTY - ST - ZIP			
TITLE		DELETE	3 1 THILE		Change	Addition
NAME CONTROL			3.2 NAME			
STREET ADDRESS			3 3. STREET ADDRESS			
CITY - S1 - ZIP TITLE		DELETE	3.4 CHY-ST-ZIP 4.1 TITLE			
NAME			4.2 NAME		☐ Change	Addition
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5. 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CHY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-S1-ZIP	certify that the information evention	villa this films is volunted in fund	6 4 CITY - ST - ZIF	for the grant of	Sanora E-T-	
certify that	the information indicated on this annu	al report or supplemental annu	ished and does not qualify lial report is true and accur	for the exemption stated in Section 119, ate and that my signature shall have the	07(3)(k), Florida Statute same logal effect as if	es. I further

SIGNATURE:

ASUATIVE DUILLER OF PRINTED NAME OF SIGNING OFFICER OF

receident 5-20-9

(954) Daytinic Phone k