

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H42413 (5)
 1. Corporation Name
BURKHARDT DRAFTING CORPORATION



Principal Place of Business % MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480	Mailing Address % MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 02/07/1985	4. FEI Number 59-2494516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MENDOZA, CALLAS & SHILLING 251 ROYAL PALM WAY, 6TH FLOOR PALM BEACH FL 33480	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD BURKHARDT, CRAIG A. 251 ROYAL PALM WAY PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, CRAIG A.	1.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S BURKHARDT, CRAIG A. 251 ROYAL PALM WAY. PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, CRAIG A.	2.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	AS DE MENDOZA, MARIO G., III 251 ROYAL PALM WAY PALM BEACH FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MENDOZA, MARIO G., III	3.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	AS WILKINSON, DEBRA 251 ROYAL PALM WAY PALM BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, DEBRA	4.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VPD BURKHARDT, DENISE T. 251 ROYAL PALM WAY PALM BEACH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKHARDT, DENISE T.	5.2 NAME	
STREET ADDRESS	251 ROYAL PALM WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (10/97)

798-2261