

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J04912** (8)

1. Corporation Name
BURKE & BALES/HEPY, INC.



Principal Place of Business: **341 N MAITLAND AVE SUITE 130 MAITLAND FL 32751 US**
Mailing Address: **341 N MAITLAND AVE SUITE 130 MAITLAND FL 32751 US**

3. Date Incorporated or Qualified: **03/18/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2658694**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

9. Name and Address of Current Registered Agent: **BATTAGLIA, W. P. TWO S. ORANGE PLAZA ORLANDO FL 32801**
10. Name and Address of New Registered Agent (81-85): **222 WEST COMSTOCK AVENUE SUITE 101 WINTER PARK FL 32789**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ROBERT H., JR.	1.2 NAME	
STREET ADDRESS	341 N MAITLAND AVE SUITE 130	1.3 STREET ADDRESS	
CITY- ST- ZIP	MAITLAND FL	1.4 CITY- ST- ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, JERRY W.	2.2 NAME	
STREET ADDRESS	341 N MAITLAND AVE STE 130	2.3 STREET ADDRESS	
CITY- ST- ZIP	MAITLAND FL	2.4 CITY- ST- ZIP	
TITLE	DVT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, RALPH	3.2 NAME	
STREET ADDRESS	26913 NW HWY STE 200	3.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	3.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DENNIS M.	4.2 NAME	
STREET ADDRESS	26913 NW HWY STE 200	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	4.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALES, JAMES	5.2 NAME	
STREET ADDRESS	341 N MAITLAND AVE STE 130	5.3 STREET ADDRESS	
CITY- ST- ZIP	MAITLAND FL	5.4 CITY- ST- ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRSCHER, CARL	6.2 NAME	
STREET ADDRESS	26913 NW HWY STE 200	6.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	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 119.07(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 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 in this filing or an attachment with an address.

SIGNATURE: _____ Date: **4-19-96** Daytime Phone #: **407-629-4511**

CR2E034 (12/95)