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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J04912 (8)

1. Corporation Name

BURKE & BALES/HEPY, INC.

Principal Place of Business

Mailing Address

341 N MAITLAND AVE  
SUITE 130  
MAITLAND FL 32751  
US

341 N MAITLAND AVE  
SUITE 130  
MAITLAND FL 32751-4761  
US

3. Date Incorporated or Qualified

03/18/1986

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTAGLIA, W. P.  
222 W COMSTOCK AVE  
STE 101  
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

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	DP	<input type="checkbox"/> DELETE
NAME	BURKE, ROBERT H., JR.	
STREET ADDRESS	341 N MAITLAND AVE SUITE 130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	MILLS, JERRY W.	
STREET ADDRESS	341 N MAITLAND AVE STE 130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KING, DENNIS M.	
STREET ADDRESS	26913 NW HWY STE 200	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BALES, JAMES	
STREET ADDRESS	341 N MAITLAND AVE STE 130	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PIRSCHER, CARL	
STREET ADDRESS	26913 NW HWY STE 200	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

*Robert H. Burke, Jr.* 1.17.97 407.629.4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0000485

CR2E034 (9/96)