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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L51903

(7)

KENNETH H. BILLBURG & ASSOCIATES, INC.

FILED									
May 01	1997 8:00am								
Secret	ary of State								



Principal Place of Business 4430 ORCHID BLVD. 5249 TIFFANY COURT CAPE CORAL FL 33904 US		5249 TIFFANY COURT	% PAMELA S. BILLBURG		I 18841511 951 Erien 11978 19711 Gâtes inn enem erâti 6184 enem eren eren 1			
					 Date Incorporated or Qualified 02/22/1990 	3s. Date of Last Report 04/24/1996		
2. Principal F	Place of Busin ess	2a. Mailing Address			4. FEI Number		Ar	pplied For
21					65-0185553			ot Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc							Additional equired
City & Sta	do .	City & State			6 Floring Computer Floring			
 		28	 1 •		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip			Count	гу	8. This corporation has liability for i			
24	25	29	30			Yes No		
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	pistered Ager	ıt	
	LBURG, PAMELA S.		В	1 Name				
	9 TIFFANY COURT		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)		
CAF	PE CORAL FL 33904		L		·			
			8	3				
			8	4 City		85	Zip	Code
L				1	rporation submits this statement for the p	FL "	ــــــــــــــــــــــــــــــــــــــ	
SIGNATURE	Signature, typed or period came of registerio	d agent and title if applicable. AND DIRECTORS	(NOTE: Registered A	gent signature req	julred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	RECTO	PS IN 12
Tille	DP OFFICERS	DELETE		<u> </u>	ADDITIONS/OFFANGES TO GITTE		Change	Addition
NAME	BILLBURG, PAMELA S.	La Destre	1.2 NAM	1			go	
SUREET ADORESS	5249 TIFFANY COURT			ET ADDRESS				
CITY-ST ZIP	CAPE CORAL FL		1.4 City					
TITLE	V	☐ DELETE					Change	Addition
NAME	KENNETH H. BILLBURG JR		2.2 NAM	:				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY	-ST-ZIP				
THE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAM	1				
STREET ADDRESS			I	ET ADDRESS				
C-TY-S1 ZIP		DELETE	3.4. City 4.1 Title			<u> </u>	Change	Addition
THILE		☐ DELENE	4.1 IIILE 4.2 NAM			L)	nie i de	LL AGGRON
NAME STREET ADDRESS				ET ADDRESS				
CITY SI 7IF			4.3 STRE	· · · · · · · · · · · · · · · · · · ·				
TITLE		DELETE					Change	Addition
NAM _č			5.2 NAM	1		_	•	****
STREET ADDRESS				ET ADDRESS				
CITY - ST - ZIP			5.4 CITY					
Tille		☐ DELETE					Change	Addition
NAMé			6.2 NAM	E				
STREET ADDRESS			•	ET ADDRESS				
CITY - ST - ZIP			6.4 CITY	-ST-ZIP				
	by certily that the information sup	nhad with this fiting does not o			ed in Section 119.07(3)(i). Florida Statute:	s I further cer	tify that	t the

. I do hereby cert-fy 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

SONATURE AND TYPED OR PRINTED MANE OF BOUND SERIES OF DISECTOR

4-26-97

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