

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008648 (7)

1. Corporation Name

DENNIS BURCHELL, INC.



Principal Place of Business

2809 BIRD AVE
SUITE 124
MIAMI FL 33133
US

Mailing Address

2809 BIRD AVE
SUITE 124
MIAMI FL 33133
US

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

9. Name and Address of Current Registered Agent

MATLIN, BRIAN
2809 BIRD AVE #124
MIAMI FL 33133

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 607.060 and 607.150, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.060, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Title)

Signature of Agent for Service of Process (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
BURCHELL, DENNIS
2809 BIRD AVE., #124
MIAMI FL
P
BURCHELL, BETTY
2809 BIRD AVE., #124
MIAMI FL

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY-STATE-ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information signified by this filing is voluntarily furnished and does not comply for the exemption stated in Section 19.07(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 registered or business empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

Betty G. Burchell
BETTY G. BURCHELL

3/26/96 303 465 0828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)