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Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90217 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000008648

1. Corporation Name

DENNIS BURCHELL, INC.

Principal Place of Business Mailing Address					1 10011001 110 10116 111	011 90111 60111 00111 10111		/(981 1 3 11 1881
2809 BIRD AVE 2809 BIRD AVE		2809 BIRD AVE						
SUITE 124 SUITE 124					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33133 US US				2 0	3. Date Incorporated or Qualifed			
US		US		ļ -	2/02/1992	Qualified		
2 Principal Pl	and of Rusiness 1	2a. Mailing Address			El Number		Apr	plied For
21 7890 Coral Way 26 7890 C			ral leby		5-0378949		<u> </u>	t Applicable
Suite, Apt. #, etc.			•	5. C	ertifcate of Status De	esired	Fee Rec	
22 27 City & State					lection Campaign Fi	nancing	\$5.00	
23 Mismi Fl 28 Mismi			Z.P		rust Fund Contribution	- 11	Added to	- 1
Zip	Country		Country		his corporation owes	the current year in	tangible	
24 33/55	6551 25 U.S	29 33/55-655/ 30	US	- 1	ersonal Property Tax	-		1)/6
<u>,00,10,0</u>	9. Name and Address of Current			10. N	ame and Address	of New Registered	Agent	
			81 Name					
MATLIN, BRIAN				Address (P.O	. Box Number is No	t Acceptable)		
2809 BIRB-AUE #124				<u>90 Cor</u>	al way			
MIAMI FL-33188			83 mi	amí	71.			Ì
			84 City	2000		,	85 Zip C	Code
						F <u>L</u>	- 3 3/5	55-6551
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes, the	e above-named	l corporation s	ubmits this statement of directors. I here	nt for the purpose of	changing its introduced	registered distered:
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes.	oradon 3 bodi	d di dii odora: Tribio	74 6 d d (
SIGNATURE	_				No.	。影似的:四十列	Marting althor	15.00
	Signature, typed or printed name of registered agen		tered Agent signature r		stating) DITIONS/CHANGES	DATE OFFICERS AN	ID DIRECTO	DS IN 12
12.	OFFICERS AN		13. 1.1 TITLE	AD	DITIONS/CHANGES	3 TO OFFICERS AI	☐ Change	Addition
TITLE	BURCHELL, DENNIS	. —	1.2 NAME	İ				_
NAME	2809 BIRD AVE., #124		1.3 STREET ADDRESS	1890 0	Coralle	ref		
STREET ADDRESS	MIAMI FL	1	1.4 CITY-ST-ZIP	Miam	Coralla L 7L	33155		}
CITY-ST-ZIP	P		2.1 TITLE				Change	Addition
NAME	BURCHELL, BETTY	1	2.2 NAME		Coral W	^ .		
STREET ADDRESS	2809 BIRD AVE., #124	1	2.3 STREET ADDRESS	7890	coralw	ay]
CITY-ST-ZIP	MIAMI FL	i,	2. 4 CITY-ST-ZIP	Miam	in 7L:	33155		Ì
TITLE	your with V E		3.1 TITLE	<u> </u>		,	☐ Change	Addition
NAME			3.2 NAME					
STREET ADDRÉSS		:	3.3 STREET ADDRESS				~	- -
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS		1	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE			5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	·				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1				A statistics:
TITLE			6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME]				
STREET ADDRESS		- t	6.3 STREET ADDRESS	i [

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 obsporation 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 panged; or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP