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

Mailing Address

1313 SYCAMORE TERRACE BOCA RATON FL 33486-5646

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 07 1997 8:00am

Secretary of State

Daytime Phone #

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000022368 (3)

J R BIRKETT & SONS, INC.

appears in Block 12 or Block 13 if changed

SIGNATURE AND TYPED

SIGNATURE:

Principal Place of Business

1313 SYCAMORE TERRACE

**BOCA RATON FL 33486** 

3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1993 03/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0398523 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country  $Z_{\rm ID}$ Country Ζip 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name TALBOT, NEVILLE R 1313 SYCAMORE TERRACE Street Address (P.O. Box Number is Not Acceptable) 82 **BOCA RATON FL 33486** 83 84 Zip Code City FI 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. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signalize, typical or printed nation of region real agont and table if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE 1.1 TITLE \_\_ Change Addition TITLE MALPAS, CHRISTOPHER J CR2E034 1.2 NAME NAME 1313 SYCAMORE TERRACE STREET ADDRESS 1.3 STREET ADORESS **BOCA RATON FL 33486** 1.4 CITY-ST-ZIP C:TY - \$1 - 21P DELETE 21 TITLE Change Addition TITLE SNOWDON, DAVID M NAME 22 NAME 1313 SYCAMORE TERRACE 23 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33486** 0174 - \$1 - 712 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE TALBOT, NEVILLE R NAME 3.2 NAME 1313 SYCAMORE TERRACE STREET ADORESS 3.3 STREET ADDRESS **BOCA RATON FL 33486** CHY-ST 2011 3.4. CITY-S1-ZIP DELETE Change Addition THE 4.1 TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STHEFT ADDRESS 4.4 CHY-ST-ZIP CITY: ST: ZIP DELFTE ☐ Change Addition 5.1 TITLE TITLE NAME 5 2 NAME 5 3 STREET ADDRESS 51REET ADDRESS 54 CITY-ST-ZIP CITY - ST - 71P DELETE Addition Change Dist 61 TITLE 62 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY- ST-7IP 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

LIFOLIHED

attachment with an address.

TED NAME OF SIGNING OFFICER OR DIRECTOR

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 regular or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name