## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P93000060106 (0)

BURAK												
Principal Plac	e of Business	M	lailing Address		•			-		/   <b>                                    </b>	HE IIII II 61	
1370 13TH AVE S SUITE 214 SUITE 214 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified		ate of Last R	eport	
a Principal P	Place of Business	20	, Mailing Address					08/26/1993 4. FEI Number	08	3/02/,1996.	oplied For	
21			26					59-3209442			t Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	0		City & State					6. Election Campaign Financing		\$5.00		
23	Country	28	7.0	<del></del>	Counte			Trust Fund Contribution	<u> </u>	Added t		
Zip 24	Country 25	29	Zip	30	Country	у		<ol> <li>This corporation owes or has pa Personal Property Tax due June</li> </ol>		_ ' _	angible ] No	
<u> </u>	9. Name and Address of Curre		stered Agent	1301	Т-			10. Name and Address of New Re				
BU	IRAK, CARL M				81	Nam	e					
13	70 13TH AVENUE SOUTH				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptab	ole)			
JA	CKSONVILLE BEACH FL 32250				83		·			<del></del>		
					0.4	0.5					0	
					84				FL	<b>.</b>	Code	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	o if applicable. (NO	E: Regis	lored Ag			oration submits this statement for the plon's board of directors. I hereby accepted when reinstatings	/29/ DATE	97		
12.	OFFICERS AN	ID DIKE	DELETE		.1 TITLE		т	ADDITIONS/CHANGES TO OFFIC	ERS AN	Change	S IN 12	
NAME	BURAK, CARL S		L.J Decere		.2 NAME					CT Olialigo	L Addition	
STREET ADDRESS	1370 13TH AVE S SUITE 214	1				T ADDRESS	3					
CITY-ST-ZIP	JACKSONVILLE BEACH FL 3			,	4 CITY-	ST-ZIP					•	
TITLE	VD		☐ DELETE	2	.1 TITLE					Change	Addition	
NAME	BURAK, RONNIE L			- 1	.2 NAME							
STREET ADDRESS	1370 13TH AVE S SUITE 214 JACKSONVILLE BEACH FL 3			1		T ADDRESS	6					
CITY-ST-ZIP TITLE	UNUNGUITYILLE DEAUTI FL 3	2230	☐ DELETE		. 4 CITY-	SI - ZIP				Change	Addition	
NAME				- 1	2 NAME							
STREET ADDRESS				ı		t address	;					
CITY-ST-ZIP					.4. CITY-							
TITLE			DELETE	4	.1 TITLE				-	Change	Addition	
NAME					. 2 NAME							
STREET ADDRESS						T ADDRESS	·					
CITY-ST-ZIP TITLE			DELETE		.4 CITY - ! .1 TITLE	SI-ZIP	+-			☐ Change	☐ Addition	
NAME			PLEETE.		.2 NAME					onunge	1.00mpH	
STREET ADDRESS						T ADDRESS	;					
CITY-ST-ZIP				5.	.4 CITY -	ST- 21P	$\perp$					
TOTLE			☐ DELETE	6	.1 TITLE					Change	Addition	
NAME				6	.2 NAME							
STREET ADDRESS	i			6	3 STREET	T ADDRESS	: 1					

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.

7/Liston

**FILED** 

Aug 11 1997 8:00am

Secretary of State