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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000001136 (8)

1. Corporation Name
BURGNER WHOLESale, INC.

Principal Place of Business

700 S. HAWTHORNE AVE.
APOPKA FL 32709
US

Mailing Address

948 SOUTHERN OAK LANE
APOPKA FL 32712
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 PO Box 914
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 APOPKA FL
24 Country	29 32704-0914
25	30 USA

3. Date Incorporated or Qualified	01/04/1994
4. FEI Number	59-3151229
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HOWELL, RON A CPA
4548 A WEST VILLAGE DRIVE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	RON HOWELL, CPA
82 Street Address (P.O. Box Number is Not Acceptable)	3976 S. SEMORAN #1811
83 City	ORLANDO FL
84 Zip Code	32822

11. Pursuant to the provisions of Sections 607.0501 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. I am familiar with, and I accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/98

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BURGNER, MICHAEL	
STREET ADDRESS	948 SOUTHERN OAK LANE	
CITY-ST-ZIP	APOPKA FL	
TITLE	V	DELETE
NAME	BURGNER, SUZANNE	
STREET ADDRESS	948 SOUTHERN OAK LANE	
CITY-ST-ZIP	APOPKA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	BURGNER, MICHAEL		
1.3 STREET ADDRESS	1348 DEER LAKE CIRCLE		
1.4 CITY-ST-ZIP	APOPKA FL 32712		
2.1 TITLE	V	Change	Addition
2.2 NAME	BURGNER, SUZANNE		
2.3 STREET ADDRESS	1348 DEER LAKE CIRCLE		
2.4 CITY-ST-ZIP	APOPKA FL 32712		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: Suzanne Burgner Secretary of State 2 V.D. 41-100 407-881-2878

CP2E034 (10/97)