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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400006392 (2)

BURCHERS REALTY, INC. Principal Place of Business Mailing Address 314-C TAMIAMI TRAIL 314-C TAMIAMI TRAIL PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-4839 3. Date Incorporated or Qualified 3a. Date of Last Report 01/18/1994 04/02/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Numbe Applied For 65-0468031 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žιρ Country Country 8. This corporation has liability for intangible tax under s. 199.032, Ves No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 BURCHERS, SAM A III 2126 CASSINO CT. Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 83 84 City 85 Zip Code 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 it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or ponted name of registered agent and title if applicable (NOTE: Registered Agent stonature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) Change Addition DELFTE 1.1 TITLE THE **BURCHERS, SAM** 1.2 NAME 2126 CASSINO CT STREET ADDRESS 13 STREET ADDRESS **PUNTA GORDA FL** 1.4 CITY-ST-ZIP CITY-ST-ZiP DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP C| "Y - S! - 7| P DELETE Change Addition 31 TITLE Little 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCRESS 3.4. CITY-\$T-ZIP CiTY - ST - ZIP DELETE Change Addition 41711E TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City-S\*-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE 5.2 NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP Ciffy-ST-2IP Addition DELETE 6.1 TITLE Change THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDINGS CITY-S1-7P 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on au

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tachment with an address

**FILED** 

May 19 1997 8:00am

Secretary of State

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