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 # **P94000018965** (1)

BURGES MANAGEMENT CORPORATION

FILED Jan 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address P.O. BOX 1503 P.O. BOX 1503 FT. MYERS FL 33902 FT. MYERS FL 33902-1503				******							
						03/11/1994 04/08/			e of Last Report B/1996		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number 65-0480397	Applied For Not Applicable				
Suite, Apt.	#, etc	Suite Apt. #, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired S8.75 Add Fee Requ				dditional	
City & Stat	е	City & State	-\ ·			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip					corporation has liability for intangible tax under s. 199.032,				
24	25	29	30			Fiorida Statutes Yes No					
	Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered	Agent			
THO	MAS, DONNA M		İ	81	Name						
1860 MARINA CR.				82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)				
FT. I	MYERS FL 33903			83							
			l				·=-·				
				84	City		FL	85	Zip C	ode	
SIGNATURE		ngem and tile it applicable (N ND DIRECTORS	IOTE Registered	Age	ent signature requ	ired when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE CERS ANI	DIRE	CTOR!	S IN 12	
TITLE	PD	DELETE	1.1 Til	TLE.			02.101.11	Ch		Addition	
NAME	THOMAS, DONNA M		1.2 N/	AME							
STREET ADDRESS	1860 MARINA CR.		1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	FT. MYERS FL 33903	T an are	1.4 CI		T-ZIP			 		···	
TITLE		DELETE	2111		ľ			L Ch	ange	Addition	
NAME OTDECT ADDRESS			22 N/		*DDDCCC						
STREET ADDRESS CITY - ST - ZIP					ADDRESS ST-ZIP						
TITLE		DELETE	31 TI		S1-20			☐ Ch	ange	Addition	
NAME			32 N	AME							
STREET ADDRESS			3351	REET	ADDRESS						
CITY - S1 - ZIP	1				ST - ZIP						
TOTLE		☐ DELETE	4.1 Ti					☐ Ch	ange	Addition	
NAME			4.2 N		1000000						
STREET ADDRESS					ADDRESS						
CITV-SI-ZIP		DELETE	4.4 UI 5.1 TI		ST-ZIP			☐ Ch	ange	Addition	
NAME			5.2 N/						•		
STREET ADDRESS					ADDRESS						
CHY-ST-Z#					ST - ZIP						
TiTLE		DELETE	6.1 TI	TLE				Ch	ange	Addition	
NAME			6.2 N	4ME							
STREET ADDRESS			6.3 ST	TREET	ADDRESS						
CITY-ST-ZIP			6.4 C	TY-5	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97

441/995-0000

time Phone #