FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

P94000023218 (8)

BURG & SILVESTER, INC.

BUHG	& SILVESTER, INC.							
Principal Place o	of Business	Mailing Address			4 anderend eine anter mider Sater unt	II WBIII WBIIW 14 9 :	18 IIIIS (199	
	11380 PROSPERITY FARMS RD. 11380 PROSPERITY FARM							
SUITE 209 A PALM BEACH GARDENS FL 33140 SUITE 209 A PALM BEACH GARDENS F								
					03/25/1994		Date of Last Report 04/24/1995	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0478478			Applied For Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, et	c.		5. Certificate of Status Desired			Additional Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			D May Be I to Fees
Z(p)	Country	Zφ	Country		8. This corporation has liability for		under s	199.032,
l	[25]	29	30			i □ No		
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New I	tegisterea A	gent	
101EE	000TT 1 F00		6'	Name				
	JONTIFF, SCOTT J ESQ. 930 WASHINGTON AVE.			Street Add	ress (P.O. Box Number is Not Acceptal	ole)		,
2ND FLO			83		· ,,		-	
MIAMI BI	EACH FL 33139		84	City	· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
						FL		
SIGNATURE S	Signature: typed of partied name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE Registered Agen	t signature require	d when renstating ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTO	RS IN 12
ILF	PD	☐ DELETE	1. 1 THLE	$\overline{}$		[.] Change	☐ Addition
AME .	SILVESTER, DENNIS		1.2 NAME					
HEET ADDRESS	11380 PROSPERITY FAR		1.3 STREET	ADDRESS				
i Y - S I - ZIP	PALM BEACH GARDENS	FL 33140	1.4 CITY - S	T-ZIP				
.TE	VD	DELETE	2 1 TILLE] Change	Addition
AMF	BURG, JAMES		2.2 NAME					
IFELL ADDRESS	11380 PROSPERITY FAR		2.3 STREET		•			
TY+ST-ZIP	PALM BEACH GARDENS	FL 33140	2 4 CHTY - S	T - ZIP			Change	Addition
TLF NME		נגננונ	3 1 TITLE 3 2 NAME			L	1 Grange	
FEET ADDRESS			3.3 STREET	ADDRESS				
TY - ST - ZIF			3.4 CiTY - S					
[LF		DELETE		-			} Change	Addition
AMÉ			4 2 NAME					
FEEL ADDRESS			4.3 STREET	ADDRESS				
1y - ST - ZIF			4.4 CiTY-S	1 - ZIP				
IJ		☐ DELETE	5 1 TITLE] Change	Addition
Mf .			5.2 NAME					
RELITADORESS			53 STREET					
TY ST ZIF		ET britte	5.4 CiTY - S	T-ZIP			1 Change	☐ Addition
TLF		DELETE				L] Change	☐ Addition
AME Designations			6.2 NAME	*DDDCcc				
PREFIT ADDRESS			6 3 STREET					
::11y - \$1 - Zif: 4. I do hereby	certify that the information supp	lied with this filing is voluntaril	64 CITY - S v furnished and doe:		for the exemption stated in Section 119	9.07(3)(k). Flor	ida Statut	es. I further
certify that:	the information indicated or this	annual report or supplementa	il annual report is tru	e ano accura	ate and that my signature shall have the is report as required by Chapter 607, F	a same legal e	effect as if	made under

SIGNATURE:

THE AND TYPED OF PHINTED NAME OF SIGNING OFFICE OR DIRECTOR

2-7-96 417 775-3667