

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000063745 (1)**

1. Corporation Name

BURMONT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**971 WINSOME RD
NORTH FT. MYERS FL 33903
US**

**971 WINSOME RD
NORTH FORT MYERS FL 33903
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1994	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0531588		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONTEZ, CINDY S
1203 MIMOSA AVENUE
IMMOKALEE FL 33934**

81 Name **Montez, Cindy S**
82 Street Address (P.O. Box Number is Not Acceptable)
971 Winsome Rd.
83 **FE**
84 City **North Ft Myers** **FL** **85** Zip Code **33903**

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. I am familiar with, and accept the obligations 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MONTEZ, BETTY SUE	1.2 NAME	Burr, Betty Sue
STREET ADDRESS	1203 MIMOSA AVE.	1.3 STREET ADDRESS	1203 MIMOSA AVE
CITY-ST-ZIP	IMMOKALEE FL 33934	1.4 CITY-ST-ZIP	Immokalee FL 33934
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BURR, WILLIAM D	2.2 NAME	
STREET ADDRESS	1203 MIMOSA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 33934	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MONTEZ, CINDY SUE	3.2 NAME	
STREET ADDRESS	1203 MIMOSA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 33934	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	T MONTEZ, RAMIRO	4.2 NAME	
STREET ADDRESS	1203 MIMOSA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 33934	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Chang
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 I 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; 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cindy S. Montez

4-7-98 941-997

CR2E034 (10/97)