SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:33

DOCUMENT # **P94000080260 (0)**

1. Corporation Name

BURGESS CRASH RECONSTRUCTIONS, INC.

Principal Place of Business	Mailing Address
4747 HOLLYWOOD BLVD. SUITE 244 HOLLYWOOD FL 33021	4747 HOLLYWOOD BLVD. SUITE 244 HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7532 Brainerd ST.	26 4747 Hollywood Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 244
City & State 23 Hollywood FL	City & State 28 Hollywood FL
Zip 24 33024 County 25 Broward	Zip 29 33024 County 30 Broward

4. FEI Number: 65-0550312 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BURGESS, LAWRENCE B ~~4747 HOLLYWOOD BLVD.~~ ~~SUITE 244~~ HOLLYWOOD FL 33021	81 Name: Burgess, Lawrence B 82 Street Address (P.O. Box Number is Not Acceptable): 7532 Brainerd St. 83 84 City: Hollywood FL 85 Zip Code: 33024

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] Lawrence B. Burgess 07-27-95
Signature, type 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	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE B. BURGESS	12 NAME	
STREET ADDRESS	7532 BRAINERD ST.	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

305-779-5923

SIGNATURE: [signature] Lawrence A. Burgess Pres. 07-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER II OR DIRECTOR — Date — Daytime Phone #

0023218 CP