SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000014320 (2)**

1. Corporation Name
BURTCH BUSINESS VENTURES, INC.

Principal Place of Business	Mailing Address
551 E SEMORAN BLVD APT 0-5 FERN PARK FL 32730	551 E SEMORAN BLVD APT 0-5 FERN PARK FL 32730

3. Date Incorporated or Qualified: 02/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21 529 MANDRAKE COVE
Suite, Apt. #, etc.
22 # 5
City & State
23 FERN PARK, FL.
Zip 24 32730 Country 25 USA

2a. Mailing Address
26 529 MANDRAKE COVE
Suite, Apt. #, etc.
27 # 5
City & State
28 FERN PARK, FL.
Zip 29 32730 Country 30 USA

4. FEI Number: 59-3302573 ☐ 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

BURTCH, KENNETH A
551 E SEMORAN BLVD APT 0-5
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 529 MANDRAKE COVE
83 # 5
84 City FERN PARK, **FL** 85 Zip Code 32730

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	BURTCH, KENNETH A		12 NAME		
STREET ADDRESS	551 E SEMORAN BLVD APT 0-5		13 STREET ADDRESS	529 MANDRAKE COVE #5	
CITY-ST-ZIP	FERN PARK FL 32730		14 CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE	VSD	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	BURTCH, NANCIE C		22 NAME		
STREET ADDRESS	551 E SEMORAN BLVD APT 0-5		23 STREET ADDRESS	529 MANDRAKE COVE #5	
CITY-ST-ZIP	FERN PARK FL 32730		24 CITY-ST-ZIP	FERN PARK, FL. 32730	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Kenneth A. Burtch 7/10/96 (407)332-5759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #