

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000024022 (2)

1. Corporation Name
BURGAN AND STRATTON CONSULTANTS, INC.



Principal Place of Business

2401 COLLINS AVE.
#1702
MIAMI FL 33140

Mailing Address

2401 COLLINS AVE.
#1702
MIAMI FL 33140-4701

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report
08/05/1996

2. Principal Place of Business

21 970 DYSON DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 970 DYSON DR.
Suite, Apt. #, etc.

4. FEI Number

65-0568149

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

City & State

23 WINTER SPRINGS FL.

City & State

28 WINTER SPRINGS FL.

Zip
24 32708

Country

25 U.S.A.

Zip

29 32708

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

STRATTON, MARK
2401 COLLINS AVENUE
SUITE 1702
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name
MARK STRATTON
82 Street Address (P.O. Box Number is Not Acceptable)
970 DYSON DR.
83
84 City
WINTER SPRINGS FL
85 Zip Code
32708

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURGAN, LINNIE N	
STREET ADDRESS	2401 COLLINS AVE., #1702	
CITY - ST - ZIP	MIAMI FL 33140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRATTON, MARK E	
STREET ADDRESS	2401 COLLINS AVE., #1702	
CITY - ST - ZIP	MIAMI FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINNIE N. BURGAN	
1.3 STREET ADDRESS	970 DYSON DR.	
1.4 CITY - ST - ZIP	WINTER SPRINGS FL. 32708	
2.1 TITLE	V D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARK STRATTON	
2.3 STREET ADDRESS	970 DYSON DR.	
2.4 CITY - ST - ZIP	WINTER SPRINGS FL. 32708	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - 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

4-30-97 707-263-8301

Date

Daytime Phone #

CR2E034 (9/96)