

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
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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
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3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 08/05/1996
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2. Principal Place of Business 21 970 DYSON DR. Suite, Apt. #, etc.	2a. Mailing Address 26 970 DYSON DR. Suite, Apt. #, etc.
22 City & State WINTER SPRINGS FL.	27 City & State WINTER SPRINGS FL.
23 Zip 32708	24 Country U.S.A.

4. FEI Number 65-0568149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (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: Mark Stratton 4-30-97 407-263-8301
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)