## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

P95000067878 (5)

DOCUMENT #

CHATEAU DU BURGET CORPORATION

Principal Place o		Mailing Address						
	iug lake road #330 Rings Fl 32708	5840 RED BUG LA WINTER SPRINGS						
					3. Date incorporated or Qualified 09/01/1995	3a. Date of	Last Report	_
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	_ <del></del>	Applied For	
អ		26	L. 2 22 20 00		69-3334772		Not Applicable	4
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>9</b>	8.75 Additional Fee Required	
City & State		City & State	1 '		6. Election Campaign Financing	[ ]	<b>\$5.00</b> May Be	
23	Country	28	Country		. Trust Fund Contribution	intensible to u	Added to Fees	-
Zip <b>24</b>	Country 25	Ζιρ <b>29</b>	30	•	8. This corporation has liability for Florida Statutes Yes	Intaligible tax o	TOP'S 193.002,	1
	9. Name and Address of Curren				10. Name and Address of New F	legistered Age	int	
			81	Name				
	T, SUSAN		82	Street Addi	ress (P.O. Box Number is Not Acceptat	ole)		1
	iorthern way R Springs FL 32708		83	<del> </del>		<del>.</del>		
***********	TO THITOUTE DEFOU					· - т.		_
			84	City		FL	Zip Code	
or registere	the provisions of Sections 607.0502 d agent, or both, in the State of Fluric n, and accept the obligations of, Secti	la. Such change was author	nzed by the con	named corpor poration's boar	ration submits this statement for the purit rd of directors. Thereby accept the app	rpose of changi ointment as reg	ng its registered offic jistered agent. I am	е
S	ignature, typed or purfed war electric just-real agost.		NOTE High ferest Age	o's grabus neque	a where statege ADD/TIONS/CHANGES TO OFF	DATE.	DECTODS IN 19	<u>بَ</u>
12.	OFFICERS AND	DELETE	13. 1.1 liluë		AUDITIONS CHANGES TO OF		Change Addition	}
NAME	BURGET, SUSAN		1.2 NAME					
STREET ADDRESS	1107 NORTHERN WAY		1 3 STREE	I ADDRESS				
City-St-ZiP	WINTER SPRINGS FL 3270	8	1 4 CITY -	ST-ZIF				_]{
T-TLE	D	DELETE	2 1 TITLE				Change 🔲 Addition	۱
NAME	BURGET, JERALD		2.2 NAME					
STREET ADDRESS	1107 NORTHERN WAY WINTER SPRINGS FL 3270	Q		1 ADDRESS				
CITY - ST - ZIP TITLE	WHITEN OF MINOS IE SEFE	DELETE	2 4 C TY 3 1 T TLE	ST-Z-P	··· > ··· - · · · · · · · · · · · · · ·		Change	
NAME		[] beech	3.2 NAME	•				
STREET ADDRESS				: LADDRESS				
CITY - ST - ZIP			3.4 CHY-	ST-ZIP				
THTLE		DELETE	4 1 101.6				Change	
NAME			4.2 NAME					
STREET ADDRESS				I ADDRESS	60000018	1861	E:	
CITY-SI-ZIP		<b>□</b> DELETE	44 CITY -		-05/13/9601	<del>04900</del> 9	Change Addition	$\dashv$
title		□ nere ie	5 1 TITLE		***200.00		anange Addition	
NAME PERCET ADDRESS			5.2 NAME	F ADORESS				
STREET ADDRESS			5 3 5 IKE					
CHY-ST-ZIP TITLE	,	☐ DELETE					Change	$\dashv$
NAME		_	6.2 NAME			_	<del></del>	
STREET ADDRESS				I ADDRESS				
PATE OF THE				ST. 70				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Chapter Fitting 1, 97.

4-15-96 407-977-9970