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May 02 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 # P95000068902 (2)

1. Corporation Name  
BURNS PLACE, INC.

Principal Place of Business  
1255 GULFSTREAM AVE., STE. 603  
SARASOTA FL 34236

Mailing Address  
1255 GULFSTREAM AVE., STE. 603  
SARASOTA FL 34236-8904



3. Date Incorporated or Qualified  
09/01/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 530 BURNS LANE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4472 S. ASCOT CIR.  
Suite, Apt. #, etc.

4. FEI Number  
65-0610668

Applied For  
Not Applicable

22 7  
City & State

27  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 SARASOTA FL  
Zip Country

28 SARASOTA FL  
Zip Country

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

24 34236 25 USA

29 34235 30 USA

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

LEVITT, SANDY  
2201 RINGLING BLVD., STE. 203  
SARASOTA FL 34237

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME CLARK, DOUGLAS  
STREET ADDRESS 1255 GULFSTREAM AVE., STE. 603  
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4472 S ASCOT CIRCLE  
1.4 CITY-ST-ZIP SARASOTA FL 34235-31661

TITLE D  
NAME STEYBEN, FRITZ A  
STREET ADDRESS 1255 GULFSTREAM AVE., STE. 603  
CITY-ST-ZIP SARASOTA FL 34236

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 4472 S. ASCOT CIRCLE  
2.4 CITY-ST-ZIP SARASOTA FL 34235-31661

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: FRITZ STEYBEN

4/25/97 941-952-0255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0427326

CR2E034 (9/96)