

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90140 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000018347**

1. Corporation Name
THE BURDA GROUP, INC.



Principal Place of Business
**16143 RAMBLING VINE DRIVE EAST
 TAMPA FL 33624**

Mailing Address
**16143 RAMBLING VINE DRIVE EAST
 TAMPA FL 33624**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1996

2. Principal Place of Business
21 19801 Pine Tree Rd

2a. Mailing Address
26 19801 Pine Tree Rd

4. FEI Number
59-3362344

Applied For
 Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State
Odessa, FL

28 City & State
Odessa, FL

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

24 Zip **33556** Country **Hillsb.**

25 Hillsb.

29 Zip **33556** Country **Hillsb.**

30 Hillsb.

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**PALEVEDA, ELIZABETH
 3405 HAWTHORNE RD.
 TAMPA FL 33611**

10. Name and Address of New Registered Agent

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]* DATE **4/19/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDA, WILLIAM G	1.2 NAME	
STREET ADDRESS	16143 RAMBLING VINE DRIVE EAST	1.3 STREET ADDRESS	19801 Pine Tree Rd
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDA, HELEN WAVEAN	2.2 NAME	
STREET ADDRESS	16143 RAMBLING VINE DRIVE EAST	2.3 STREET ADDRESS	19801 Pine Tree Rd
CITY-ST-ZIP	TAMPA FL 33624	2.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDA, ROBERT L	3.2 NAME	
STREET ADDRESS	16143 RAMBLING VINE DRIVE EAST	3.3 STREET ADDRESS	19801 Pine Tree Rd.
CITY-ST-ZIP	TAMPA FL 33624	3.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE *[Signature]* DATE **4/12/99** (813) 926-8911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)