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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

STREET ADDRESS

appears in Block 12 or

SIGNATURE:

CHY-ST 20



ELORIDA DEPARTMENT OF STATE

**FILED** 

Mar 19 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600073016 (3)

**B. BURNETTE & ASSOCIATES, INC.** 

1294 BRAMPTON COVE 1294 BRAMPTON COVE WELLINGTON FL 33414 **WELLINGTON FL 33414-8983** 3a. Date of Last Report 3. Date Incorporated or Qualified 09/03/1996 4. FEI Number (EIN) 2. Principal Place of Business 2a. Mailing Address Applied For -0703048 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Burnette, Brenda e 1294 BRAMPTON COVE 82 Street Address (P.O. Box Number is Not Acceptable) WELLINGTON FL 33414 83 Zip Code City 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT). Registered Agent signature required when reinstating) Signature, typical or print a name of regulered agent and fit a stapphoable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE BILL BURNETTE, BRENDA E CR2E034 1.2 NAME NAME 1294 BRAMPTON COVE 1.3 STREET ADORESS STREET ADDRESS **WELLINGTON FL 33414** 1.4 CITY-ST-2IP OFY - \$1 - 212 Change Addition \_\_\_ DELETE 21 TITLE THILE 2.2 NAME NAME 2.3 STREET ADDRESS SCREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST- ZF Change Addition DELETE 31 TITLE THUE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-S1-ZIP CITY-S1-7/P Change \_\_\_ Addition DELETE 4.1 TITLE 1111 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY ST 70P Addition DELETE 5.1 TITLE Change 1011 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CHY-ST 7IP Change Addition DELETE TIFLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

64 DiTY-ST-ZIP

Brendo E. Burnette

14. I do hereby certily 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 and cated on the entire port or supplemental amount 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