

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 31 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 # P96000097074 (4)

1. Corporation Name
BURLINGAME & BLIGHS, INC.



Principal Place of Business 14564 STATE ROAD 80 STE 33 FORT MYERS FL 33905	Mailing Address 14564 STATE ROAD 80 STE 33 FORT MYERS FL 33905
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14561 Palm Beach Blvd Suite, Apt. #, etc. Suite 33 22 14561 Palm Beach Blvd City & State Ft Myers Zip 33905		2a. Mailing Address 26 14561 Palm Beach Blvd Suite, Apt. #, etc. Suite 33 27 14561 Palm Beach Blvd City & State Ft Myers Zip 33905		3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report
24 33905		25 Lee		4. FEI Number 65-0708318	Applied For Not Applicable
28 33905		29 Lee		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
30 Lee				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLIGH, DOUGLAS
14564 STATE ROAD 80 STE 33
N
FORT MYERS FL 33905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 17050 Laurelin Ct
83 N Ft Myers
84 City
85 Zip Code FL 33917

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLINGAME, NATHAN	1.2 NAME	
STREET ADDRESS	2673 PURSLINE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIGH, DOUGLAS L	2.2 NAME	
STREET ADDRESS	17050 LAURELIN COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO FORT MYERS FL 33917	2.4 CITY-ST-ZIP	
TITLE	Sec. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Bligh	3.2 NAME	
STREET ADDRESS	17050 Laurelin Ct	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. Ft. Myers FL 33917	3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied on 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: [Signature] 7/31/97 (901) 1941013

CR2E034 (4/97)