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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000100297 (6)

BURROWS BUSINESS MACHINES INC.

Principal Place of Business Mailing Address 7664 SANTEE TERRACE 7664 SANTEE TERRACE LAKE WORTH FL 33467-7865 LAKE WORTH FL 33467 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 2. Principal Piace of Business 4. FEI Number 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 13 Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Zin Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BURROWS, JAMES 7664 SANTEE TERRACE** 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City 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 familial with, and accept the obligations of, Section 607.0505, Florida Statutes. Nursewa SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) 12 DELETE 1.1 TITLE Change Addition PRESIDENT THUE JAMES BURROWS THEY SANTED TERMED 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS WEATH FL 33467 DELETE 01"Y - \$1 - 71" 1.4 CITY-ST-ZIP Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHTY-S1-7IP 2.4 CITY-ST-ZIP DELETE Change Addition THUE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY~ST~ZIP 0177-\$1-70 DELETE Change Addition THLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY - S1 - ZIP DELETE Change Addition 5.1 TITLE TOTALE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - S1 - ZIP 54 City-ST-ZIP DELETE Change Addition THE 61 TITLE NAME 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 angual 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

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

C(TY - S1 - ZIP

Daytime Phone # 0006856

FILED

Feb 28 1997 8:00am

Secretary of State