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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000100297 (6)

BURROWS BUSINESS MACHINES INC.

FILED Feb 20 1998 8:00am Secretary of State

| 5571114 | Wie de divident | | | | | | | | | |
|-----------------------------|---|-----------------------------------|--------------------------------|---------------------|--------------------|--|-----------------|---|---|-----------|
| Principal Place of Business | | Mailing Address | | | | T EBBLIRDI DIN INITO BILLI BRELL DALLE AL | ilāt niāti ābil |) 89(18 (1 9(8 1 9 | 1(4 1 00) 1 00) | |
| 7664 SANTEE TERRACE | | 7664 SANTEE TERRACE | | | | | | | | |
| LAKE WORTH | | LAKE WORTH FL 33467 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualified | | | | - |
| 6 Diania d | lace of Business | To Maille a Address | | | | 12/11/1996 | | | | 4 |
| _ | race or Business | 2a. Mailing Address | | | 4. FEI Number | | | pplied For | | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | 11-1958231 | | | ot Applicable Additional | - |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | | equired | |
| City & State | | City & State | | | • | 6. Election Campaign Financing | | \$5.00 | May Be | ヿ |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees | |
| Zip Country | | Zip Country | | | | 8. This corporation owes or has pa | id the cur | rent year In | tangible | 7 |
| 24 | 25 | 29 | 30 | r | | Personal Property Tax due June | | | _ No | _ |
| | 9. Name and Address of Curren | it Registered Agent | | 81 | A 1 | 10. Name and Address of New Re | gistered | Agent | | - |
| | RROWS, JAMES | | | 6' | Name | | | | | |
| | 84 SANTEE TERRACE | | | 82 | Street Addre | ddress (P.O. Box Number is Not Acceptable) | | | | 7 |
| LAI | KE WORTH FL 33467 | | | 83 | | | | | | 4 |
| | | | | | | | | | | |
| | | | | 84 | City | | FL | 85 Zip | Code | 7 |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607 1508. Florida Statu | tes the a | bove-r | named corpo | ration submits this statement for the r | | changing i | ts registered | \dashv |
| office or r | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was | authorize | d by th | he corporatio | n's board of directors. I hereby acce | pt the app | ointment as | registered | |
| · | m tamiliar with, and accept the obliga | ations of, Section 607.0505, Fil | onda Sta | uies. | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered age | int and title II applicable. (NO1 | IE: Registere | d Agent | signature required | when reinstating) | DATE | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | , | ADDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | RS IN 12 | _ `§ |
| TITLE | P | ☐ DELETE | 1.1 TI | TLE | | | | ☐ Change | Addition | , 5 |
| NAME | BURROWS, JAMES | | 1.2 NAME | | | | | | | 2 |
| STREET ADDRESS | 7664 SANTEE TERACE | 1.3 \$ | | rreet ad | idress | | | | | Į, |
| CITY - ST - ZIP | LAKE WORTH FL | T or ere | _ | 1.4 CITY - ST - ZIP | | | | The | 4.499 | _ } |
| TITLE | | ☐ DELETE | 2.1 Ti | | | | | Change | Addition | Ή, |
| NAME OTREET ADDRESS | | | 2.2 NAME 2.3 STREET ADDRESS | | | | -, | | | ı |
| STREET ADDRESS | ı | | - 1 | 2. 4 CITY-ST-ZIP | | , | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 3.1 Ti | | ZIP | | | Change | Addition | \exists |
| NAME | | | 3.2 N/ | | | | | | | Ì |
| STREET ADDRESS | | | | REET AD | ODRESS | | | | | |
| CITY-ST-ZIP | | | | ITY-ST- | 1 | | | | | İ |
| TITLE | | ☐ DELETE | 4.1 Tr | | | | - | Change | Addition | ,T |
| NAME | | , | 4. 2 N | AME | | | | | | |
| STREET ADDRESS | | | 4.3 \$1 | AEET AD | DRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-2 | ZIP | | | | | ╛ |
| TITLE | | DELETE | 5.1 T(| TLE | | | | Change | Addition | 7 |
| NAME | | | 5.2 NA | ME | - [| | | | | |
| STREET ADDRESS | | | 5.3 ST | REET AD | Dress | | | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST-2 | PIP | | | | · • · · · · · · · · · · · · · · · · · · | _ |
| _TOTLE | | ☐ DELETE | 6.1 TO | rl£ | | | | Change | Addition | 1 |
| NAME | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 6.3 ST | reet ad | DRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CI | TY-ST-Z | PIP | | ··· | | | \perp |

14. Thereby 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.