


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90150 002 ***150.00

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|---|---------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000065098 | | | |
| 1. Corporation Name BURKHART ENTERPRISES, INC. | | | |
| Principal Place of Business LOT 7 SHADOW OAKS LANE OLD TOWN FL 32680 | | Mailing Address POST OFFICE BOX 958 OLD TOWN FL 32680 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | | Country 25 | |
| Country 25 | | Country 30 | |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 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, 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 PD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME BURKHART, BRADLEY J SR | | 1.2 NAME | |
| STREET ADDRESS LOT 7 SHADOW OAKS LANE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP OLD TOWN FL 32680 | | 1.4 CITY-ST-ZIP | |
| TITLE STD | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME BURKHART, KATHY | | 2.2 NAME | |
| STREET ADDRESS LOT 7 SHADOW OAKS LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP OLD TOWN FL 32680 | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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:

Kathy Burkhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99
Date

352 542 9851
Daytime Phone #

CR2E034 (11/98)