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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P98000005625**1. Corporation Name

BURWOOD ENTERPRISES, INC.

FILED
Mar 02, 1999 8:00 am
Secretary of State
03 02 1000 00172 008 ***150 00



Principal Place	e of Business	Mailing Address		,	, (10 12101 12111 00111 001				
815 -orie nta-a	WE.	815_ORIENTA-AVE:							
S uite 6 A ltamonte springs fl. 32701 Altam onte springs fl. 32701 Altamonte springs fl. 32701				DO NOT WRITE IN THIS SPACE					
ACTAMONTE OF	-NINGS FL 32/01	701	3. Date Incorp	3. Date Incorporated or Qualifed					
				01/20/1998					
2. Principal Pl	lace of Business	2a. Mailing Address	. 0	4. FEI Number	25220	25	H	lied For	
1 822	FORMOSA AUE	26 8257 LAK	e Serent 1	R 59-	<u> 35239</u>	<u> </u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		1	Status Desired		\$8.75 A		
City & State				6. Election Campaign Financing St.00 May Be Trust Fund Contribution Added to Fees					
Zip 2 o	780 Country	Zip 2002	Country OUSA		tion owes the cum	ent year Inta		⊒No	
10 2 30					Personal Property Tax.				
	9. Name and Address of Current	Registered Agent	81 Name			registered /	-190/III		
AWIL.	L-YASMIN			YASMIN	JIWA				
TO 15 ODIENTA AVE				ddress (P.O. Box Nun	nber is Not Accepta	ible D			
SUIT		-/	83	D/ LAKE	SEKENE	4/~			
	MONTE SPRINGS FL 32701								
, 			84 City 🕜	DIANINO	_	FL	85 Zip C	ode L	
44 Durawant	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above-named or	proporation submits this	statement for the	purpose of	changing its	registered	
office or r	egistered agent, or both, in the State o	of Florida. Such change was aut	norized by the corpor	ation's board of direct	ors. I hereby accep	t the appoir	itment as reg	istered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	la Statutes.			H- 10	· •	Į	
SIGNATURE	Signature, types printed frame of registered agent	VASMIN IIV	tegistered Agent signature req	uired when reinstating)	HUPRY Z	DATE	7	·····	
12.	Signature, types printed name of registered agent		13.		CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	⊠ DELETÉ	1.1 TITLE	PD			Change	Addition	
NAME	JIWA: YASMIN	•	1.2 NAME	JIWA, YAS	MIN	20.0	•		
STREET ADDRESS	ALE ADJENIES AVE	>	1.3 STREET ADDRESS	8257 LAKE	SERENE	DK.		ł	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL-9270	H	1.4 CITY-ST-ZIP	ORLADO	FL 3:	1836			
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition	
NAME			2.2 NAME					[
STREET ADDRESS			2.3 STREET ADDRESS					į	
CITY-ST-ZiP			2.4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME	-					
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE		•		☐ Change	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4,3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME	3 .		5.2 NAME					ļ	
STREET ADDRESS	`		5.3 STREET ADDRESS					ĺ	
CITY-ST-ZIP			54 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
NAME	1								
NAME	ĺ		62 NAME					f	

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.