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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000060498

BURNHAM, INC.		
Principal Place of Business	Mailing Address	
8464 N.W. 2ND STREET CORAL SPRINGS FL 33071	-8464-N.W. 2ND-STREET	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed
District District Project	2a. Mailing Address	07/01/1998 4. FEI Number Applied For
2. Principal Place of Business	2a. Mailing Address  26 COLEMAN C. S	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attorney at L 27 6113 Plantation	aw 5 Certificate of Status Desired \$8.75 Additional
City & State	City & State Plantation, FL	
Zip Country	Zip Country	8. This corporation owes the current year Intangible
24 25	29 30 September 29	Personal Property Tax. Yes No  10. Name and Address of New Registered Agent
SWEET, COLEMAN C	81 N	the oleman C. Sweet, ary athav
<del>- 221-S. ANDREWS AVENUE -</del>	-   -   9	Farrington, Juite 110
FT. LAUDERDALE FL-33301	83	1195 E. Oakland Pt. Blud.
	84 Ci	Fort Lauderdale FL 85 33306
<ul> <li>office or registered agent, or both, in t</li> </ul>	607.0502 and 607.1508. Florida Statutes, the above-na te State of Florida. Such change was authorized by the te obligations of, Section 607.0505, Florida Statutes.	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered

SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Joseph G. Blands 8464 N.W. 2nd St. Coral Springs, FL ☐ Addition Change 1.1 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP OELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 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 chape

SIGNATURE:

May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 007 \*\*\*150.00