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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S20363

(5)

1. Corporation Name

RUSS BURNS, INC.



Principal Place of Business

8190 SW 185 ST
MIAMI FL 33157

4922 S.E. 40 TERR
OCALA, FL 34480

Mailing Address

8190 SW 185 ST
MIAMI FL 33157-7422

4922 S.E. 40 TERR
OCALA, FL 34480

2. Principal Place of Business

21 4922 S.E. 40 TERR

Suite, Apt. #, etc.

22

City & State

23 Ocala FL

Zip

24 34480

Country

2a. Mailing Address

26 4922 S.E. 40 TERR

Suite, Apt. #, etc.

27

City & State

28 Ocala, FL

Zip

29 34480

Country

30

9. Name and Address of Current Registered Agent

BURNS, RUSS
8190 SW 185 ST
MIAMI FL 33157

3. Date Incorporated or Qualified

12/21/1990

3a. Date of Last Report

01/23/1996

4. FEI Number

65-0232647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

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

Russell S. Burns

(NOTE: Registered Agent signature required when reinstating)

DATE

1-12-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BURNS, RUSS
STREET ADDRESS
8190 SW 185 ST
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
BURNS, RUSS
STREET ADDRESS
8190 S.W. 185TH STREET
CITY - ST - ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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.

SIGNATURE:

Russell S. Burns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-97 158- 402-8783

CR2E034 (9/96)