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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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S20363

(5)

RUSS BURNS, INC.

Mailing Address

FILED

Feb 03 1998 8:00am

Secretary of State

Principal Place of Business 4822 SE 40TH TERR 4922 SE 40 TERR OCALÁ FL 34480 OCALA FL 34480 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1990 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0232647 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zω 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **BURNS, RUSS** USS BURNS 8190 SW 185 ST 82 **MIAMI FL 33157** 83 84 X ALA

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 I milliar with, and a compute of the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DPS DELETE TITLE 1.1 TITLE Burus, Russ 4922 SE40 Terrace **BURNS, RUSS** NAME 1.2 NAME 8190 SW 185 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL OCALA, FL 34480 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE BURKS, RUSS **BURNS, RUSS** NAME 22 NAME 6190 S.W. 185TH STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 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 DITY-ST-ZIF DELETE Change Addition TITLE 5.1 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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:

RUSE BURNS VAG/98

402-9783