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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S60773** (6)

1. Corporation Name

BURGAS, INC.



Principal Place of Business

Mailing Address

**2659 W. OKEECHOBEE ROAD
LOT # B-19
HIALEAH FL 33010-1066
US**

**3501 KEYSER AVE
VILLA #37
HOLLYWOOD FL 33021-2402
US**

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAPLAN, CHERYL E
500 EAST BROWARD BLVD.
SUITE 1130
FT. LAUDERDALE FL 33394**

81 Name

Burleigh Kaplan

82 Street Address (P.O. Box Number is Not Acceptable)

3501 Keyser Avenue

83

Villa #37

84 City

Hollywood

FL

85

**Zip Code
33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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 607.0502, Florida Statutes.

SIGNATURE **Burleigh Kaplan**

JAN 16 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

PSTD

☐ DELETE

2. NAME

KAPLAN, BURLEIGH

3. STREET ADDRESS

3501 KEYSER AVE. VILLA# 37

4. CITY-STATE-ZIP

HOLLYWOOD FL

5. TITLE

☐ DELETE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 registered or trustee or 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Burleigh Kaplan

JAN 16 1996

(954) 966-8484

CR2E034 (12/95)