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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION IAL REPORT 1997		Sandra B. Morti Secretary of Sta DIVISION OF CORPOR			NS		Secretary of State			
1. Corporation	Manie	77916	(2)								
HAZZARI	D-Burdick Gro	DUP, INC.									
Principal Place of Business 2753 SR 580 SUITE 105 CLEARWATER FL 34621 US			Mailing Address 2753 SR 580 SUITE 105 CLEARWATER FL 34621-3351 US			3.	Date Incorporated or Qualifier		ate of Last Re		
								09/05/1991	05/	01/1996	
2. Principal Pa	ace of Business	2a. 26	Mailing Address				4.	FEI Number 59-3093854			plied For t Applicable
Suite, Apt. (#. etc.	27	Suite, Apt. #, etc.	· ,,=			5.	Certificate of Status Desired		\$8.75 A Fee Re	
City & State	9		City & State				6.	Election Campaign Financing		\$5.00	May Be
23 Z _P	Country Zip				Country			Trust Fund Contribution	or intennible	Added to	
24	25 29 30							8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9, Name and Add	ress of Current Regis	tered Agent		81	Name	10.	Name and Address of New I	Registered	Agent	
2753 SR 580 BS							dress (P	O. Box Number is Not Accept	able)		
CLEARWATER FL 34621					83	City			FL	85 Zip (Code
SIGNATURE								n submits this statement for the loard of directors. I hereby acc		changing Its pointment as	s registered registered
	and the same of th	OFFICERS AND DIREC		TE: Registere	d Ager	t signature requ		reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECTOR	C (N) 12
12.	PT	OF TOLITO AND DIREC	DELETE	1.1 1	TLE	т Т		ADDITIONS/CHARGES TO OF	TOLING AIVE	Change	Addition
NAME	HAZZARD, DAVID	1		1.2 N							
STREET ADDRESS	3279 SANDY RID			1.3 \$1	TREET A	address .					ļ.
CITY+\$T+ZIP	CLEARWATER FL	. 34281			TY-ST	- ZIP		······································		F I Change	Addition
TALE	VS BURDICK, MICHA	EI	DELETE	2.1 Ti 2.2 No		1				Change	CT VOUIDOR
NAME STREET ADDRESS	2413 BAYSHORE					ADORESS					
CITY-ST-ZIP	TAMPA FL	DC101, #2101			ITY-5						}
TITLE			DELETE	3.1 17						Change	Addition
NAMÉ				3.2 N	AME	}					1
STREEL ADDRESS						ADORESS					l
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STREET ADDRESS				- 4		ADDRESS					
CITY-S1-ZIP				440	ITY-ST	-ZIP					1
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NAME				5.2 N	AME	}					
STREET ADDRESS						ADDRESS					
CITY - S1 - ZIP			DELETE		ITY-ST	-ZIP				Change	Addition
TITLE NAME			F" DETER	6.1 TI 6.2 N		j				emi onengo	
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP					INCEL. ITY-SI						
VIII - 31 - ZIF	by cortifue that the info	rostion cumpled with the	ic filion door not our				ad in Sa	ection 119 07(3)(i) Florida Stat	ites) furthe	r certify that	ihe

I do nereby 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 AND TYPED OR PRINTED NAME OF SIGNING

FILED

Apr 28 1997 8:00am