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Jan 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V03668 (3) 1. Corporation Name BURKETT ENGINEERING & FABRICATION, INC.					
Principal Place of Business LANDMARK II CENTER 225 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32801			Mailing Address LANDMARK II CENTER 225 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32801		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/30/1991	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3114622	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent PHALIN, LAWRENCE J. SUITE 600 225 EAST ROBINSON STREET ORLANDO FL 32801			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D [ ] DELETE			1.1 TITLE [ ] Change [ ] Addition		
NAME BURKETT, J. RONALD			1.2 NAME		
STREET ADDRESS 1845 LAKE EMMA ROAD			1.3 STREET ADDRESS		
CITY-ST-ZIP LONGWOOD FL			1.4 CITY-ST-ZIP		
TITLE D [ ] DELETE			2.1 TITLE [ ] Change [ ] Addition		
NAME BURKETT, PATRICIA A.			2.2 NAME		
STREET ADDRESS 1845 LAKE EMMA ROAD			2.3 STREET ADDRESS		
CITY-ST-ZIP LONGWOOD FL			2.4 CITY-ST-ZIP		
TITLE [ ] DELETE			3.1 TITLE [ ] Change [ ] Addition		
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 CITY-ST-ZIP		
TITLE [ ] DELETE			5.1 TITLE [ ] Change [ ] Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE [ ] DELETE			6.1 TITLE [ ] Change [ ] Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

SIGNATURE:

*[Signature]* REQUIRED

1-5-98

407 425 9044

CR2E034 (10/97)