## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	al report 1 <b>996</b>		Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # V20044 (6)								
·	EL V. BURDO,	P.A.	• •					
Principal Place of Business Mailing Address					 	iin didi dirik didik didik d	1814 BIBIF BIBII 4841	
1770 S. SHELTER TRAIL MERRITT ISLAND FL 32952			1770 S. SHELTER TRAIL MERRITT ISLAND FL 32952					
U\$	us		US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/09/1992 09/14/1995		
2. Principal Plac	ce of Business	2a. 26	Mailing Address			4. FEI Number 59-3142749		Applied For
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.	~	<b></b>	5. Certificate of Status Desired		Not Applicable  Additional
City & State		27	City & State			6. Election Campaign Financing	የ በ	Required  May Be
2ip	T Cou	<b>28</b> untry	Zφ	Count	~.	Trust Fund Contribution	Adde	d to Fees
24	25	29		30	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for a Florida Statutes Yes	□ No	199.032,
	9. Name and Ad	Idress of Current Regis	tered Agent	8	1 Name	10. Name and Address of New R	agistered Agent	
SWART, HARRY J.				6	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
717 E. OAK ST. KISSIMMEE FL 34744				8:	3		,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				8			<b></b> 85 Zi	p Code
11. Pursuant to	the provisions of S	ections 607,0502 and 607	7.1508 Florida Statute	oc the should	named same	pration submits this statement for the purp	<u> </u>	
		the State of Florida. Such digations of, Section 607.0			poration's boa	ard of directors. I hereby accept the appo	intment as registered	agent. I am
SIGNATURE S	guature typed or pented n	ame of registated agent and tile it a	riplicable (NO	TE: Registered Ag	ent signature require	ed whari rejuistating)	DATE	
12.		OFFICERS AND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
TIBLE NAME	BURDO, DAN	NEL V.	☐ DELETE	1. 1 TITLE 1.2 NAME			☐ Change	☐ Addition
STREET ADDRESS	1770 S SHEI	LTER TRAIL		4	ET ADDRESS			
CITY-ST-ZIF	MERRITT ISL	AND FL 32952	DELETE	1.4 CITY-	··········			
NAME				2 1 TITLE 2 2 NAME			☐ Change	☐ Addition
STREET ADDRESS					FT ADDRESS			
CHY-ST ZIF				2 4 CITY-	ST-ZIP			
THUE NAME			DELETE	3 1 TITLE	- 1		☐ Change	☐ Addition
STREET ADDRESS				3 2 NAME 3 3 STRE	ET ADDRESS			
0/1Y-S7-7P		v		34 C/TY -	ST - ZIP			
TifleF			DELETE	4 1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS				4.2 NAME				
C 1Y - S1 - Z P				4.4 City -	ET ADDRESS			
TILE			DELFIE	5 1 TITLE			Change	Addition
NAM:				5.2 NAME	:			
STREET ADDRESS					T ADDRESS			
CHY-St. 200			DELETE	5.4 CITY - 6.1 TITLE			Change	Addition
NAME				6.2 NAME			C1 onorige	☐ vacuon
SPREEL ADDRESS				1	1 ADDRESS			
CITY-51-ZiP	portificative size in fi	making a make district	Black in the Land of	6 4 CITY-		(- d)		
Cermy that ti	ne imonification maic	ateu on tris annual rebort	or suddiemental anni	uai recort is to	'Ue and accura	for the exemption stated in Section 119.0 ate and that my signature shall have the s	eame least affact ac if	made under 1
appears in E	Block 12 or Block 1	3 if charged or man atta	achment with an addr	ess.	to execute th	is report as required by Chapter 607, Flo	iliua Statutes; and tha	at my name
SIGNATL	IRE. L	NALO	Y,A			1121196		
JIGHAIC	SIGNA	TURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICE	R OR DIRECTOR	1	Otto	Daytinie Phone	