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**Mar 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # V62953 (7)
1. Corporation Name
SHIRLEY AND GERALD BURGESS, INC.



Principal Place of Business
**13321 ROLLING GREEN RD.
N. PALM BEACH FL 33408
US**

Mailing Address
**13321 ROLLING GREEN RD.
N. PALM BEACH FL 33408-2125
US**

3. Date Incorporated or Qualified **09/02/1992** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business
21 **HOME OFFICE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **13321 Rolling Green Rd**
Suite, Apt. #, etc.

4. FEI Number **65-0368878** Applied For
Not Applicable

22 City & State
23 **North Palm Beach, FL.**
Zip Country

27 City & State
28 **N. Palm Beach FL**
Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33408** 25 **USA**

29 **33408** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BURGESS, SHIRLEY
13321 ROLLING GREEN ROAD
NORTH PALM BEACH FL 33408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	BURGESS, SHIRLEY
STREET ADDRESS	13321 ROLLING GREEN RD
CITY- ST- ZIP	NORTH PALM BCH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BURGESS, GERALD
STREET ADDRESS	13321 ROLLING GREEN RD
CITY- ST- ZIP	NORTH PALM BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CULP, CINDY
STREET ADDRESS	4273 121 TERRACE
CITY- ST- ZIP	ROYAL PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Shirley Burgess* **3/18/97** **561-626-1380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)