

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **319482**

(6)

05 MAY -1 AM 8:22

DICK AND BURKE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address		2a. Mailing Address		3. Date of Report	3a. Date of Last Report
614 CRANDON BOULEVARD MIAMI FL 33149		614 CRANDON BOULEVARD MIAMI FL 33149		08/03/1997	05/01/1994
2. Principal Office Telephone	2b. Mailing Address	4. FIC Number	Applied For / Not Applicable		
21. State Apt. #	26. State Apt. #	59-1171955			
22. City, State	27. City, State	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required		
23. State	28. State	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees		
24. State	25. State	29. State	8. Does corporation have liability insurance for under \$100,000 Florida Statutes ☒ No ☐ Yes		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, MARY BURKE
614 CRANDON BLVD.
MIAMI FL 33149

81. Name	85. State
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. State	

11. Pursuant to the provisions of Chapter 661, Florida Statutes, the above named corporation submits this statement for the purpose of having its registered office and principal office in both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent for the corporation and accept the responsibility of this statement.

12. DIRECTORS AND OFFICERS

NAME	ADDRESS	NAME	ADDRESS
1. NAME	2. ADDRESS	1. NAME	2. ADDRESS
3. NAME	4. ADDRESS	5. NAME	6. ADDRESS
7. NAME	8. ADDRESS	9. NAME	10. ADDRESS
11. NAME	12. ADDRESS	13. NAME	14. ADDRESS
15. NAME	16. ADDRESS	17. NAME	18. ADDRESS
19. NAME	20. ADDRESS	21. NAME	22. ADDRESS
23. NAME	24. ADDRESS	25. NAME	26. ADDRESS
27. NAME	28. ADDRESS	29. NAME	30. ADDRESS
31. NAME	32. ADDRESS	33. NAME	34. ADDRESS
35. NAME	36. ADDRESS	37. NAME	38. ADDRESS
39. NAME	40. ADDRESS	41. NAME	42. ADDRESS
43. NAME	44. ADDRESS	45. NAME	46. ADDRESS
47. NAME	48. ADDRESS	49. NAME	50. ADDRESS
51. NAME	52. ADDRESS	53. NAME	54. ADDRESS
55. NAME	56. ADDRESS	57. NAME	58. ADDRESS
59. NAME	60. ADDRESS	61. NAME	62. ADDRESS
63. NAME	64. ADDRESS	65. NAME	66. ADDRESS
67. NAME	68. ADDRESS	69. NAME	70. ADDRESS
71. NAME	72. ADDRESS	73. NAME	74. ADDRESS
75. NAME	76. ADDRESS	77. NAME	78. ADDRESS
79. NAME	80. ADDRESS	81. NAME	82. ADDRESS
83. NAME	84. ADDRESS	85. NAME	86. ADDRESS
87. NAME	88. ADDRESS	89. NAME	90. ADDRESS
91. NAME	92. ADDRESS	93. NAME	94. ADDRESS
95. NAME	96. ADDRESS	97. NAME	98. ADDRESS
99. NAME	100. ADDRESS	101. NAME	102. ADDRESS

14. I declare, under penalty of perjury, that the information supplied with this report is voluntarily furnished and does not equally for the corporation's officers and directors. I further declare that the information is made available to the annual report or supplemental annual report as they are available and that only signatures that have the same capitalization and number as the name of the corporation are acceptable. I declare under penalty of perjury that the corporation is not a corporation of the State of Florida and that any other information in Block 1 and Block 2 of this report or in any other report with an address.

SIGNATURE:

Mary Burke
SIGNATURE AND PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/27/95

305-361-2722
Toll-Free 800-361-2722