

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 623186
1. Corporation Name

A & R Burke Corporation

Principal Place of Business Mailing Address
2409 N.E. 37 St
Fort Lauderdale, Fl 33308

3. Date of Incorporation **5/29/1979** 3a. Date of Last Report **4/20/95**

2. Principal Place of Business 2a. Mailing Address
21 **2409 N.E. 37 St** 26 **2409 N.E. 37 St**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **Fort Lauderdale Fl** 28 **Fort Lauderdale, Fl**
24 **33308** 25 **U.S.A.** 29 **33308** 30 **U.S.A.**

4. FEI Number **59-1942045** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No
10. Name and Address of New Registered Agent

Anna Mae Walsh Burke
Suite 500
2601 E. Oakland Park Blvd
Fort lauderdale, Fl 33306

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **new address**
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 607.0915, Florida Statutes.

SIGNATURE

Anna Mae Walsh Burke

(Print Name of Registered Agent) *Anna Mae Walsh Burke*

(Date)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> PRESIDENT <input type="checkbox"/> DELETE
NAME	Anna Mae Walsh Burke
STREET ADDRESS	2409 N.E. 37 St
CITY-ST-ZIP	Fort Lauderdale, Fl 33308
TITLE	<input type="checkbox"/> VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	Robert L. Burke
STREET ADDRESS	2409 N.E. 37 St
CITY-ST-ZIP	Fort Lauderdale, Fl 33308
TITLE	<input type="checkbox"/> DIRECTOR <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DIRECTOR <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DIRECTOR <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	new address
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10000180056:1
4.4 CITY-ST-ZIP	-04/30/96--01015--034
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Anna Mae Walsh Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 954-561-0620
Date Date

CR2E034 (12/95)