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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 623186 1. Corporation Name

CITY-ST-ZIP

THE A & R BURKE CORPORATION

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Principal Place	of Business	Mailing Address					8		läit äisti sisii s	181) 9)91) 1881
2409 NE 37 ST. FT LAUDERDALE FL 33308 US		2409 NE 37 ST. FT LAUDERDALE FL 33308 US				DC	NOT WRIT	TE IN THIS	SPACE	
					05	te Incorporated of /29/1979	or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address 26			1	l Number -1942045	11.7		No	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Çer	rtifcate of Status	Desired		\$8.75 A	- 1
City & State	В	City & State			1	ection Campaign est Fund Contribe		<u> </u>	\$5.00 Added t	
Zip	Country	Zip	Country	,	1	is corporation ow rsonal Property		ent year Int	angible □ Yes	I No
24	25		30			me and Addres				4
	9. Name and Address of Curren	t Registered Agent	81	Name	10, 144	me and Addres				
, SUIT	A MAE WALSH BURKE, P.A. E 500 E OAKLAND PARK BUVD		82	Street A	dress (P.O.	Box Number is !	Not Accepta	ble)		
	AUDERDALE FL 33306 -		84	City	et L	ander	dale	FL	85 Zip (Çode Ž ³ 3 ~⊖
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both in the State m familiar with and accept the obliga	2 and 602 1508, Florida Statute of Florida, Such change was au tions of, Section 107 .0505 Flori	s, the above thorized by da Statutes	e-named co the corpora	orporation su ation's board	bmits this staten of directors. I he	nent for the ereby accer	purpose of the appoi	changing its intment as re	registered gistered
11. Pursuant office or re agent. I al	to the provisions of Sections 607.050 egistered agent, or both in the State m familiar with and accept the obliga	The wally	Jun	he			nent for the ereby accep	purpose of of the appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	The wally	Jun	he	uired when reinsta		1/2	DAVE		
	Signature, typed or printed name of registered ager	nt and atte of applicable. (NOTE: I	Registered Ager	he	uired when reinsta	ating)	1/2	DAVE		
SIGNATURE	Starature, typed or printed name of registered ager OFFICERS AN	of and title if applicable. (NOTE: ID DIRECTORS	Registered Ager	he	uired when reinsta	ating)	1/2	DAVE	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE	OFFICERS AN VP BURKE, DR. ROBERT L. 2409 NE 37 ST.	of and title if applicable. (NOTE: ID DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	he	uired when reinsta	ating)	1/2	DAVE	D DIRECTO	PRS IN 12
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14. I 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 a attachment with address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90195 016 ***150.00