May 06, 1999 8:00 am Secretary of State

05-06-1999 90254 034 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G81538**

1. Corporation Name

BURNEY ASSOCIATES, INC.

				_			
Principal Plac	e of Business	Mailing Address					
STE. 202		10800 S.W. 122 STREET MIAMI FL 33176			DO NOT WRITE IN T	THIS SPACE	
MIAMI FL 33156 US					3. Date Incorporated or Qualifed	THO OF AGE	
					11/09/1983		į
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21 10800S.W. 1225t. 26 SAME					59-2348856	No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23 MiAn	ni FL USA	28		_	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24 331	76 25 USA	29 3	0	-	Personal Property Tax.	⊈ Yes	□No
	9. Name and Address of Current	t Registered Agent	- 04		10. Name and Address of New Registe	red Agent	
RI ID	NEY, PAMELA		81	Name			
	O S.W. 122 STREET		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	Al FL 33176		83				
VVII) 10			65	}			
			84	City		85 Zip (Code
office or t	egistered agent, or both, in the State on meaniliar with, and accept the obligate the colligate and accept the colligate the colligate the colligate the colligate the collins are the collins and the collins are the collins	of Florida. Such change was auth ions of, Section 607.0505, Florid	norized by la Statutes	the corporation.	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as re	registered egistered
	Signature, typed or printed name of registered agen		<u> </u>	nt signature required			200 111 40
TITLE	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	BURNEY, PAMELA	E) betere	1.2 NAME				
	10800 SW 122 ST		1	TADDRESS			
STREET ADDRESS	MIAMI, FL 00000		14 CITY-S	f			ļ
CITY-ST-ZIP TITLE	MICHIN, I E 00000	☐ DELETE	2.1 TITLE	1-ZIF		☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2, 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	T ADDRESS			İ
CITY-ST-ZIP			3.4. CITY- 8	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME	}			}
STREET ADDRESS			4.3 STREE	T ADDRESS			ĺ
CITY-ST-ZIP		<u>.</u>	4,4 CITY-S	T-ZiP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	,		5.3 STREE	TADDRESS			l

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 an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition