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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H55018

(6)

JOSEPH V. BURKE, CPA, P.A.

**FILED** Apr 28 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address				·		- I HOURDII ANDE DEUBE DEUTE DEUT HOURE HOUR BUDEN DEUT BUDEN BUDEN DEUT BUDEN DEUT HOUR		
214 54TH ST HOLMES BEA	CH FL 34217	214 54TH ST HOLMES BEACH FL 34217				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/01/1985		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied F		
21		26				59-2471910 Not Applie		
Suite, Apt. #, etc.		27				5. Certificate of Status Desired Security Securi	al	
City & State	9	<b>}</b> -7	City & State			6. Election Campaign Financing \$5.00 May Br Trust Fund Contribution Added to Fees		
Zip			Z <sub>1</sub> p Country			8. This corporation owes or has paid the current year Intangible		
24	25 29 30		1		Personal Property Tax due June 30. 🕡 Yes 🗌 No			
9. Name and Address of Current Registered Agent					·····	10. Name and Address of New Registered Agent		
BU	rke, joseph v.			81	Name			
440	7 <b>L</b> A JOLLA DR.				Street A	ddress (P.O. Box Number is Not Acceptable)		
BR/	ADENTON FL 34210					· · ·		
				83				
				84	City	FL 85 Zip Code		
44 Pursuant	to the provisions of Soctions 607.	7502 and 607 1508	Florida Statutos	the above	a-namad c		bered	
11. Pursuant to the provisions of Soctions 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								
	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Re	egistered Age	ent signature re	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS:		DELETE	1.1 TITLE	Т		dition	
NAME	BURKE, JOSEPH V.		J OCCCIL	1.2 NAME		- Comings - Comi		
	4407 LAJOLLA DR.				ADDRESS			
STREET ADDRESS	AD LOPHICALI PL							
CITY-\$T-ZIP TITLE	DELET		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Ad	ddition	
NAME		_	22 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			2.4		ST-ZiP			
TITLE			DELETE	3.1 TITLE	J. C.	☐ Change ☐ Ac	ddition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-:	ST-ZIP			
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Ac	ddition	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS	·		
CITY-ST-ZIP				4.4 CITY - 9	T - ZIP			
TITLE	DELETE 5.1		5.1 TITLE		Change Ac	dition		
NAME				5.2 NAME	+			
STREET ADDRESS				5.3 STREET	ADDRESS		ļ	
CITY-ST-ZIP				5.4 CITY - 9	T-ZIP			
TITLE			DELETE	6.1 TITLE		Change Ac	dition	
NAME				6.2 NAME			-	
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY - S	T-ZIP			

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 or an attachment with an address.