

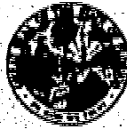
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 25 AM 8:18**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # J95371 (7)**

**1. Corporation Name  
R.E. BURKE CO., INC.**

**Principal Place of Business Mailing Address  
3140 NE 13 AVE 3140 NE 13 AVE  
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 10/02/1987 3a. Date of Last Report 05/01/1994**

**4. FEI Number 65-0009133 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**

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No**

**2. Principal Place of Business 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.  
**22** City & State **27** City & State  
**23** Zip **28** Zip **24** Country **25** Country **29** Zip **30** Country

**9. Name and Address of Current Registered Agent**  
**BURKE, ROBERT, E**  
**3140 NE 13 AVE**  
**POMPANO FL 33064**

**10. Name and Address of New Registered Agent**  
**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 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 607.0505, Florida Statutes.**

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable **(NOTE: Registered Agent signature required when registering)** **DATE**

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------|---|---|
| <b>TITLE</b>               | <b>PD</b>                    | <b>1.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                | <b>BURKE, ROBERT E.</b>      | <b>1.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      | <b>3140 N.E. 13TH AVENUE</b> | <b>1.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     | <b>POMPANO BEACH FL</b>      | <b>1.4 CITY - ST - ZIP</b>                            |   |
| <b>TITLE</b>               |                              | <b>2.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                              | <b>2.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      |                              | <b>2.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     |                              | <b>2.4 CITY - ST - ZIP</b>                            |   |
| <b>TITLE</b>               |                              | <b>3.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                              | <b>3.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      |                              | <b>3.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     |                              | <b>3.4 CITY - ST - ZIP</b>                            |   |
| <b>TITLE</b>               |                              | <b>4.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                              | <b>4.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      |                              | <b>4.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     |                              | <b>4.4 CITY - ST - ZIP</b>                            |   |
| <b>TITLE</b>               |                              | <b>5.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                              | <b>5.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      |                              | <b>5.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     |                              | <b>5.4 CITY - ST - ZIP</b>                            |   |
| <b>TITLE</b>               |                              | <b>6.1 TITLE</b>                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                              | <b>6.2 NAME</b>                                       |   |
| <b>STREET ADDRESS</b>      |                              | <b>6.3 STREET ADDRESS</b>                             |   |
| <b>CITY - ST - ZIP</b>     |                              | <b>6.4 CITY - ST - ZIP</b>                            |   |

**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 110.07(3)(f), 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 my address.**

**SIGNATURE:** Robert E. Burke **4-21-95** **407-392-320**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Officer's Name**