BOAR ARTON FL 39486 THE PRINCIPLE IN THIS SPACE 2. Principal Pisced of Existriness Suita, Agr. 8, etc. Suita, A	DOCU 1. Entity Nam	MENT # J95371		ч959	FILE] Mar 30, 200 Secretary 0	0 8:00 am of State	
2. Principal Place of Business 3. Maining Address Sulfa, April - etc. Sulfa, April	5901 TOWN BAY DR #817 BOCA RATON FL 33486		5901 TOWN BAY DR #817 BOCA RATON FL 33486-8734			ss ss	
City & State Ci	2. Principal Place of Business		3. Mailing Address				
Zep** Country Zep Country Zep Country - 5, Certificate of Status Desired Sep Representation Address of Current Registered Agent Representation Address of Current Registered Agent Representation Status Desired Representation Represe	·				A FCINI		
BURKE, ROBERT, E 3901 TOWN BAY DR 8017 BUCA RATON FL 33486 8. The above named entity sucmass this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds. SIGNATURE SIGNATURE 9. The above named entity sucmass this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds. SIGNATURE 9. The above named entity sucmass this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds. SIGNATURE 9. The above named entity is manipable fast flags base and adelects to do so. After MAY 1, 2000 Fee will be \$50.00 Above named and delects to do so. After MAY 1, 2000 Fee will be \$50.00		· · · · · · · · · · · · · · · · · · ·	<u> </u>	~.Country	00-0009133	Not Applicable	
BURKE, AOBERT, E 3901 TOWN BAY DR #817 BOCA RATON FL 33486 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florus. SIGNATURE 9. This corporation is eigible to satisfy its Intangible Task fining requirement and elects to do so. After MAY 1, 2000 Fee with be \$55,000 After MAY 1, 2000 Fee with be \$55,000 Town fining requirement and elects to do so. After MAY 1, 2000 Fee with be \$55,000 Town Fluct Contribution. SECONDAY AND DIFFICERS AND DIFFICIORS 11. OFFICERS AND DIFFICIORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFFICERS IN 11 NAME SIRRE ADMESS 5001 TOWN BAY DR #817 BOCA RATON FL 33486 THE OP BURKE, ROBERT E SIRRE ADMESS 5001 TOWN BAY DR #817 BOCA RATON FL 33486 THE OP BOCA RATON FL 33486 THE OP BOCA RATON FL 33486 THE OP BOCA RATON FL 33486 THE ADMESS SIRRE ADMESS SI		S. Nova and Address of Correct	Do violation of A cont				
3901 TOWN BAY OR #817 BOCA RATON FL 33486 City FL Zip Coole 8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to statisty fits Intangible Tax king requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$55		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registere	o Agent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Fiorida. SIGNATURE Signature, speed or breits/named inequisored agent and rife if applicable. 9. This corporation is erigible to eatify fis intangible for actify fis intangible for actify fis intangible for actifying intended properties of the second or book. Signature, speed or breits/named inequisored agent and rife if applicable. Interpolation is erigible to eatify fis intangible for actifying intended properties of the second or book. After MAY 1, 2000 Fee will be \$550.00. Thus Fund Controlation. OFFICERS AND DIRECTORS IN 11. IT OFFICERS AND DIRECTORS IN 11. IT OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IT IN OFFICERS AND PREST AGRESS. CITY-S1-2P DOAR ARTON FL 33488 CITY-S1-2P DOAR ARTON FL 33488 CITY-S1-2P DOAR ARTON FL 33488 CITY-S1-2P DEBET AUDRESS OTY-S1-2P Debte TILE NAME STREET AUDRESS OTY-S1-2P Debte TILE OTHER AUDRESS OTY-S1-2P	3901 TOWN BAY DR			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax hilling requirement and elegates do so. Make RMAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. 17. OFFICERS AND DIRECTORS 17. STRET ADDRESS 17. STRET				City		Zip Code	
TITLE TOWN BAY DR #817 BOCA RATON FL 33486 TITLE TOWN BAY DR #817 BO	Tax filing r (See criter	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200 Make Check Payab	II-FEE-IS \$150.00 == 00 Fee will be \$550.00 le to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
DORIS BURKE STRET ADDRESS SOUT TOWN BAY DR #817 BOCA RATON FL 33486 TITLE VP ROBERT BURKE JR NAME STRET ADDRESS CITY-ST-ZIP NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP Delete TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP ST-ZIP ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP ST-ZIP ST	TITLE NAME STREET ADDRESS	PD BURKE, ROBERT E. 5901 TOWN BAY DR #817		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
ROBERT BURKE JR 279 W POST RD WHITE PLAINS NY 10605 STRET ADDRESS CITY-ST-ZIP WHITE PLAINS NY 10605 STRET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE ADDRESS CITY-ST-ZIP Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 direct of the corporation or fine receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with at address, with all other like empowered.	NAME STREET ADDRESS	T Doris Burke 5901 Town Bay Dr #817	☐ Delete	NAME STREET ADDRESS		☐ Change ☐ Addition	
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indicated on this report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.	ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
THE THOUSE IT I WAS CLASS TO MAKE THE TANK I WE ARE THE TYPE	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee emoo	true and accurate and that meered to execute this report a	ly signature shall have the	e same legal effect as if made under oath; that	I am an officer or director	