

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 4:07

DOCUMENT # M51210 (6)

1. Corporation Name

LEWIS & BURKE ENTERPRISES, INC.

Principal Place of Business

**% SYLVIA HARDEN RICHARDS
8204 N.W. 12TH PLACE
MIAMI FL 33147**

Mailing Address

**% SYLVIA HARDEN RICHARDS
8204 N.W. 12TH PLACE
MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1987

3a. Date of Last Report

06/23/1994

4. FEI Number

59-2818773

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**RICHARDS, SYLVIA HARDEN
8204 N.W. 12TH PLACE
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, Title, and Printed Name of Registered Agent and the Corporation)

(Signature, Title, and Printed Name of Registered Agent and the Corporation)

(Signature, Title, and Printed Name of Registered Agent and the Corporation)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	RICHARDS, LESTROY M.
3. STREET ADDRESS	8204 N.W. 12TH PLACE
4. CITY, ST, ZIP	MIAMI FL
5. TITLE	D
6. NAME	RICHARDS, SYLVIA HARDEN
7. STREET ADDRESS	8204 N.W. 12TH PLACE
8. CITY, ST, ZIP	MIAMI FL
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST, ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:

Sylvia H. Richards

Sylvia H. Richards

3/27/95

305 691 3322

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

Telephone Number