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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	996	Con 190	DIVISION OF	CORPORATIONS	•		
DOCUN		P06386	(7)				
	Burke & Asso	CIATES INC					
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Principal Place o	of Business	М	lailing Address		1 10011001 (11 04110 51104 (1101 161	18 6111 61911 61611 61611	. 21811 41911 61911 1461
4600 NORTH			4600 NORTH ATA				
VERO BEAC	H FL 32963		VERO BEACH FL 32	963			
					3. Date Incorporated or Qualified	3a. Date of Las	
2. Principal Pia	no of Rusings	720	. Mailing Address		06/10/1985 4. FEI Number	04/18	Applied For
2. Principal mai 1	Je di Dusinios	26	, Mailing Address		41-0993286	<u> </u>	Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.	75 Additional
2		27			3. Continuate of Citatas Dosines	□ Fe	se Required
City & State		l l	City & State		6. Election Campaign Financing	1 1	.00 May Be
7g	Coun	28 trv	Zipi	Country	Trust Fund Contribution 8. This corporation has liability for in	AC	Ided to Fees
4	25	29	~ ·\$ ·	30	Florida Statutes Yes		. 5 155.652
		ress of Current Regis	stered Agent		10. Name and Address of New Ro	egistered Agent	
				81 Name			
	RPORATION SYST			82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	. PINE ISLAND RO	AD		83			
[3] REIT	ATION FL 33324			63			
PLANIA				ll			
rlani/				84 City		F1 85	Zıp Code
44 Over ent to	the explicitor of Con-	otions 607.0502 and 60	07.1508, Florida Statut	los the above pamed corry	oration submits this statement for the purp	PL Dose of changing	its registered office
11. Pursuant to	o the provisions of Second agent, or both in the	ie State of Florida, Suci	n chance was authoria	tes, the above-named corporated by the corporation's box	oration submits this statement for the purp and of directors. I horeby accept the appo	PL Dose of changing	its registered office
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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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PHYSICD NAME OF SIGNING OFFICER OR DIRECTOR.

Day Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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