


FILED
Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90002 031 ***150.00

07-27-1999 90010 016 ***400.00

ANNUAL REPORT 1999		 Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001165 ✓			
1. Corporation Name GUNTER & BURKE CORPORATION			
Principal Place of Business 3724 RIVERLAND RD. FT. LAUDERDALE FL 33312		Mailing Address 3724 RIVERLAND RD. FT. LAUDERDALE FL 33312	
2. Principal Place of Business 21 208 W. Davie Blvd		2a. Mailing Address 26 208 W. Davie Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State 23 Ft. Land. FL 33312		City & State 28 Ft. Land. FL	
Zip 24 33315		Zip 29 33315	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent BURKE, KAREN 601 S.W. 75TH TERRACE PLANTATION FL 33317			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
D GUNTER, GARY 3724 RIVERLAND RD. FT. LAUDERDALE FL 33312		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
D BURKE, THOMAS 601 S.W. 75TH TERRACE PLANTATION FL 33317		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
D [Empty]		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D [Empty]		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
D [Empty]		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-761-7171