PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101545

1. Corporation Name

GERALD K. BURTON, P.A.

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Principal Place of Business Mai			ailing Address			1	A INDIANOS ALO EBRIO BRILL BRILL DORIL BRIOLI		\$\$ 01 1100	A BILLI BA	10 1 3 141 1 33	
18051 CLEARBROOK CIRCLE BOCA RATON FL 33498 18051 CLEARBROOK CIRCLE BOCA RATON FL 33498											_	
								DO NOT WRITE IN T	HIS S	SPACI	≞	
							3.	Date Incorporated or Qualifed				
A Division (D			Mailing Address				1	12/16/1996 FEI Number			Δnn	lied For
	ace of Business	2a. Mailing Address				1 "			-		Applicabl	
Suite, Apt.	# oto	Suite, Apt. #, etc.				65-0716502				\$8.75 Additional		
22	#, etc.		27				5. Certificate of Status Desired Fee Required					
City & State	3	21	City & State				\	Election Campaign Financing	\$5		.00 N	lav Be
23	-	28	28				Trust Fund Contribution			Added to Fees		
Zip	Country	201	Zip Country				This corporation owes the current year Intangible					
24	25	29	. [3	30			".	Personal Property Tax.		☐ Yes		⊒No
	9. Name and Address of Cur			, ,	_		10.	Name and Address of New Registe	red A	gent		
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florio	ia. Such change was auf	s, the abo	3V I	ine corporatioi	ration's bo	n submits this statement for the purpos pard of directors. I hereby accept the a	e of c	85 changii itment	Zip Co ng its re as regi	eaistered
SIGNATURE	Signature, typed or printed name of registered	agent and title	if applicable. (NOTE: F	Registered A	geni	t signature required						
12.	OFFICERS	AND DIRE		13.		,		ADDITIONS/CHANGES TO OFFICERS	3 ANI			
TITLE	D Free Sec.		☐ DELETE	1.1 TITL	E					Ch	ange	Additi
NAME	BURTON, GERALD K		12 NAME									
STREET ADDRESS	10001 022 0.0110011				1.3 STREET ADDRESS							
CITY-ST-ZIP					1.4 CITY-ST-ZIP							
TITLE	DELETE			2.1 TITLE						Ch	ange	☐ Additi
NAME				2.2 NAM	E							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP				2. 4 CIT	_	-ZIP				□Ch	2000	Addit
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NAME				3.2 NAM								
STREET ADDRESS						ADDRESS						
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DELETE

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 of 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 truetee 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034 (11/98)

☐ Addition

Addition

Addition

☐ Addition

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Change

Change

Change

Applied For Not Applicable

May 06, 1999 8:00 am Secretary of State

05-06-1999 90258 002 ***150.00