Feb 21, 1999 8:00 am

Secretary of State

02-21-1999 90008 045 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700037540  1. Corporation Name BURKE INVESTIGATIVE, INC.												
Principal Place	e of Business	Mailing Addr	ess				, 11#				11(11 18881 81111 1	
1776 E. SUNRIS	SE BLVD.	P.O. BOX 449							-			
SUITE 4490	r ri 00000		FT LAUDERDALE FL 33338					DO	NOT WRITE	IN THIS	SPACE	
FT LAUDERDAL	E FL 33338	US				<u> </u>	3. Date Inc	corporated or			<u> </u>	
						'	04/25/					
2. Principal Pl	lace of Business	2a. Mailing A	2a. Mailing Address				4. FEI Nun				Ap	plied For
21		26	26				65-07	52844			. No	t Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				Certifoa	te of Status	Desired	<u></u>	\$8.75	
22		27									Fee Re	<u>'                                    </u>
City & State	e	<u>⊢</u> ¬ ′	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23		28		Country	,	—— <del>-</del>	-			-4 16		o rees
Zip	Country	Zip	Г	30		'		poration owe il Property T		n year ind	angibie □Yes	□No
24	9. Name and Address of Cu	rrent Registered Age		30	****	1		nd Address		gistered	Agent	
	5. Name and Address of Oa			81	Name							
BURI	KE, BRYAN C			82	Stroot	Address	(D.O. Boy	Number is N	ot Accentab	<u></u>		
1776	BE. SUNRISE BOULEVARD, S	Suite 4490	E 4490			Audiess	(F.O. BOX	IAMILINEI IŻ IA	ot Acceptab	10)		
FT. L	AUDERDALE FL 33338			83								
		•		84	City						85 Zip (	Code
					1					FL	.	
-1E	to the provisions of Sections 607 egistered agent, or both, in the Si	toto of Florida, Such d	hanga wae au	thomzed by	የኮድ ሶስጥ	d corporation's	ion submits board of di	this statem rectors. I he	ent for the p reby accept	urpose of the appoi	changing its ntment as re	registered gistered
agent. I a	m familiar with, and accept the ob	digations of, Section 6	W7.0505, FIOR	ida Statutes								
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE:	Registered Age	nt signature	required who	n reinstating)			DATE		
12.		AND DIRECTORS	1	13.			ADDITIO	NS/CHANGI	S TO OFF	CERS AN	ID DIRECTO	
TITLE	Ρ		DELETE	1.1 TITLE		P		٠	a 1 a		Change	☐ Addition
NAME	Burke, Bryan C.			1.2 NAME		Bu	RKE,	BRY	7~ C	•		
STREET ADDRESS	721 N.E. 17TH ROAD			1.3 STREE	T ADDRESS	177	76 E	Su	NRISC	: B10	1#4	490
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		7	1.4 CITY-S	T-ZIP	FT	- LA	iderd	ALCI	<u>~.3</u>	1#4 3338	☐ Addition
TITLE		L	] DELETE	2.1 TITLE							[] Change	
NAME				2.2 NAME				-	<del>-</del>			
STREET ADDRESS					T ADDRESS	·						
CITY-ST-ZIP			] DELETE	2. 4 CITY-5	51-ZIP	<del>-</del>			<del></del>		Change	Addition
TITLE		L	_ 040212	3.2 NAME								
NAME					T ADDRESS							
STREET ADDRESS				3.4. CITY-5		1						
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE		<u> </u>					Change	Addition
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	T ADDRESS	3						
CITY-ST-ZIP				4.4 CITY-S	T-ZIP							
TITLE			DELETE	5.1 TITLE							☐ Change	☐ Addition
NAME				5.2 NAME								
STREET ADDRESS				1	T ADDRESS	<sup>3</sup>						
CITY-ST-ZIP			7 851 555	5.4 CITY-S	T-ZIP	1					[] Change	Addition
TITLE		L	DELETE	6.1 TITLE		1					☐ Change	
NAME				6.2 NAME	T ADDOCCO	,						
STREET ADDRESS	İ			■ 0.3 3 INCE	TADDRESS	7						

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 chapted, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP