05051999-90058-032-\$150,00-\$150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State 05-05-1999 90058 032 \*\*\*150.00

50011	ALLIT # DOCOCE	2004450					
1. Corporation	MENT # P98000	JU94153					
	BURNS, INC.						
						1 Jann 244 at 111 <b>1</b> at	
Principal Place	of Business	Mailing Address					
1644 NE 33RD : OAKLAND PARK		1644 NE 33RD ST. #1 OAKLAND PARK FL 33334					
טאקנאמט ראוהי	, FL SWOT	Orang Francis and			NOT WRITE IN THIS	SPACE	
				3. Date Incorporated 11/05/1998	or Qualifed		
2 Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number		T Ar	oplied For
21	ece of pashings	26		65-08	191113	No	at Applicable
I Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status	Desired	• -	Additional equired
22		27 Ch. • Chate					May Be
City & State	e	City & State		6. Election Campaign Trust Fund Contrib			to Fees
Zip			Country	B. This corporation ov			<b>V</b>
24	25	29 36	o <u> </u>	Personal Property		Yes	200
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Addres		Ageill	
GIRN	IUN, MORRIS A			MARK CX	BURNS		
	NE 33RD ST, #1		82 Street Ad	ktress (P.O. Box Number is	Not Acceptable)		
DAK	LAND PARK FL 33334		83				
}			84 City			85 Zip	Code
_		- LOST 4500 Florido Floridos	the obarn samed on	moration exhalts this states	FI	f changing its	registered
11. Pursuant office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State	a of Florida, Such change Was auth	norized by the corpora	tion's board of directors. I h	ereby accept the appo	intment as re	gistered
		Manager Complete Chr. OSAE Clorid	a Chaturae		• • • • • • • • • • • • • • • • • • • •		- 1
J	m familiar with, and accept the oblig	io2 and 607.1508, Florida Statutes, e of Florida. Such change was auth ations of Section 617.050s. Florid	la Statutes.	W.	9/98		
agent, I a	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Re	egistered Agent signature requ	ared when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered ap OFFICERS A	pent and title if applicable. (NOTE: Re	ogistered Agent signature requ	ared when reinstating)	9/55 DATE DES TO OFFICERS A		
SIGNATURE 12.	Signature, typed or printed nemy of registered appointment of the CERS A	pent and title if applicable. (NOTE: Re	egistered Agent signature requ	ared when reinstating)	DATE	ND DIRECTO	DRS IN 12
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mental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am en e receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in n apaciment with an address, with all other like empowered. a nerepy certify that the information supplied indicated on this annual report or supplement officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an all

SIGNATURE:

4/19/93