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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE

DOCUMENT # \$85432

(0)

1. Corporation Name

RONALD BURK, P.A.

| 1101020                      |   |                                   |   |   |                 |  |                         |                  |                        |                       |
|------------------------------|---|-----------------------------------|---|---|-----------------|--|-------------------------|------------------|------------------------|-----------------------|
| Principal Place of           | f Business  | Mailing Address                   | Mailing Address                         |   |                 |  | (812) Ø1411 B1265 M119  | 1101 01011 01011 | 41417 WING 1           | •11 212 100.          |
| 13384 NW 7TH<br>PLANTATION F | STREET<br>L 33325   | PLANTATION FL                     | 13384 NW 7TH ST.<br>Plantation FL 33325 |   |                 |  |                         |                  |                        |                       |
| US                           |   | U\$                               |   |   |                 | <ol> <li>Date Incorport</li> <li>10/04/19</li> </ol> |                         | 3a. Date 0       | of Last Rep<br>/30/199 |                       |
| 2. Principal Plac            | e of Business   | 2a. Mailing Addres                | is                                      |   |                 | 4. FEI Number  |                         |                  |                        | oplied For            |
| 21                           | 0 000000  | 26                                |   |   |                 | 65-029   | 0950                    |                  |                        | ot Applicable         |
| Suite, Apt. #,               | etc   | Suite, Apt. #, €                  | etc.                                    |   |                 | 5. Certificate of S                                  | Status Desired          |                  |                        | Additional<br>equired |
| 22                           |   | 27                                |   |   |                 |  |                         |                  |                        | May Be                |
| City & State                 |   | Oity & State                      |   |   |                 | 6. Election Camp<br>Trust Fund Co                    | _                       |                  |                        | to Fees               |
| 3                            |   | <b>28</b> Zsp                     | tamber - a                              |   |                 |  | on has liability for    | intangible tax   | under s                | 199.032,              |
| Zip                          | Country 25  | <u> </u>                          | 29 30                                   |   |                 | Florida Statut                                       | Florida Statutes Yes No |                  |                        |                       |
| 24                           | 9. Name and Address of Cu   |                                   |   |   |                 | 10. Name and A                                       | ddress of New F         | Registered A     | gent                   |                       |
|                              |   |                                   |   | 81  | Name            |  |                         |                  |                        |                       |
| BURK, R                      |   |                                   |   | 82 Street Address (P.O. Box Number is Not Acceptable) |                 |  |                         | ole)             | _                      |                       |
|                              | CA RIO DRIVE<br>ATON FL 33433   |                                   |   | 83  | -               |  |                         |                  |                        | -                     |
| BUUK N                       | ATOM PL 33433   |                                   |   | ₩4  | City            |  |                         | FL               | <b>85</b> Zig          | Code                  |
| CICNIATI IDE                 | or agent, or both, in the State of<br>n, and accept the obligations of,<br>Spratric types or protect to the of registers. | 1 बहुती। कर 1 एक जीवहरू के बरे के |   |   | et signature r  | require: where remalating?                           | CHANGES TO OF           | DATE             | DIRECTO                | RS IN 12              |
| 12.                          |   | S AND DIRECTORS                   | 10                                      | 13.   |                 | ADDITIONS/9  | CHANGES TO OFF          |                  | 1 Change               | Addition              |
| TITLE                        | D D   | ☐ DELE                            | it.                                     | 1 1 TURE  |                 |  |                         | -                | _ ,                    | _                     |
| NAME                         | Burk, Ronald<br>13384 N2 7TH STREET   |                                   |   | 13 STRES  | 1 ADDRESS       |  |                         |                  |                        |                       |
| STREET ADDRESS               | PLANTATION FL   |                                   |   | 14 CITY -   |                 |  |                         |                  |                        |                       |
| CHTY-ST-ZIP<br>TITLE         | D   | ☐ DEL <del>E</del>                | TE                                      | 2 1 TI3_E   |                 |  |                         | [                | ☐ Change               | ☐ Addit∙on            |
| NAME                         | BURK, LISA  |                                   |   | 2.2 NAME  |                 |  |                         |                  |                        |                       |
| STREET ADDRESS               | 13384 NW 7TH STREET   |                                   |   | 23 STMEE  | T ADDRESS       |  |                         |                  |                        |                       |
| CITY-ST-ZIP                  | PLANTATION FL   |                                   |   | 2.4 CP f -  |                 |  |                         | r                | 7 Change               | Addition              |
| TITLE                        |   | ☐ DELE                            | : It                                    | 3 1 71 LE   |                 |  |                         |                  |                        | ٠٠٠ اسب               |
| NAME                         |   |                                   |   | 3.2 NAME  | ET ADDRESS      |  |                         |                  |                        |                       |
| STREET ADDRESS               |   |                                   | Į.                                      | 34 CI!Y   |                 |  |                         |                  |                        | ·                     |
| TITLE                        |   | DELI                              | ETE                                     | 4 1 TITLE   |                 |  |                         | [                | Change                 | Addition              |
| NAME                         |   |                                   |   | 4.2 N/ <sub>3</sub> M5                                |                 |  |                         |                  |                        |                       |
| STREET ADDRESS               |   |                                   |   |   | EL ADDRESS      |  |                         |                  |                        |                       |
| CITY-ST-ZIP                  |   |                                   |   | 4.4 CITY  |                 | <u>                                     </u>         |                         |                  | ☐ Change               | ☐ Addit₁on            |
| TITLE                        |   | □ DEI                             | tit i                                   | 5 1 1 111   |                 |  |                         | '                | /g*                    |                       |
| NAME                         |   |                                   |   | 52 NAM:   | :<br>E1 ADDRESS |  |                         |                  |                        |                       |
| STREET ADDRESS               |   |                                   | ,                                       | 535'HE  |                 | ` <b> </b>   |                         |                  |                        |                       |
| CITY - ST - ZIP              |   | DEL                               | ETE                                     | 6 1 TifL  |                 |  |                         |                  | ☐ Change               | Addition              |
| TITLE                        |   | LI                                |   | 6.2 NAM   |                 |  |                         |                  |                        |                       |
| NAME<br>expect annesses      |   |                                   |   | 63 STRE   | ET ADDRESS      |  |                         |                  |                        |                       |

64 DIY-SI-ZIP

14. I do hereby certify that the information supplied with this fling is vountarily furnished and opes not qualify for the exemption stated in Section 119 07(3)(k). 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 in the 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 of the appears of the corporation of the receiver of the corporation of the receiver

IN LIGHT CONTROL L. Burk