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Maiting Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$85432

13384 NW 7TH STREET

PLANTATION FL

1. Corporation Name

Principal Place of Business

RONALD BURK, P.A.

13384 NW 7TH STREET 13384 NW 7TH ST PLANTATION FL 33325 PLANTATION FL 33325 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 10/04/1991 4. FEI Number 2. Principa Place of Business 2a. Mailing Address Applied For 65-0290950 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year intangible Zip Personal Property Tax. 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **BURK, RONALD** Street Acdress (P.O. Box Number is Not Acceptable) 82 13384 NW 7TH ST PLANTATION FL 33325 83 R4 85 Zip Code City 11. Pursuant to the provisions of Scittons 607.0502 and 607.1508, Florida Statures, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bo h, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT: Registered Agent signature required when reinstating) Signature, typed or printed naine of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change __ DELETE 1.1 TITLE TITLE **BURK, RONALD** 1.2 NAME NAME **13384 N2 7TH STREET** 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 2.1 TITLE **BURK. LISA** NAME 2.2 NAME

2 3 STREET ADDRESS

2.4 CITY-ST-ZIP

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4.3 STREET ADDRESS

44 CITY-ST-ZIP

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6.3 STREET ADDRESS

3.1 TITLE

3.2 NAME 33 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

62 NAME

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64 CITY-ST-ZIP CITY-ST-ZIP 14. Hereby certify that the informat on supplied with this filing does not qualify for the exemption stated in Section 119.07 3)(i), Florida Statutes. I further cartify that the information indicated on this annual report or suppliemental 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 attach year with a address, with a lother like empowered.

STREET ADDRESS

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CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR

Change

□ Change

Change

☐ Addition

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CR2E034 (11/98)