

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10: 27

DOCUMENT # 226426 (5)
1. Corporation Name
BRUNA INVESTMENT CORPORATION

Principal Place of Business Mailing Address
631 N E 45TH STREET 631 N E 45TH STREET
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/30/1959 3a. Date of Last Report 02/03/1994

4. FEI Number 59-0895344 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

DONLEY, FRANK
9100 NW 68 COURT
PARKLAND FL 33067

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DONLEY, FRANK
STREET ADDRESS	9100 NW 68TH CT
CITY-ST-ZIP	PARKLAND FL
TITLE	V
NAME	DONLEY, CHARLES WILLIAM
STREET ADDRESS	499 NW 42ND ST, #5
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	ST
NAME	DONLEY, ROXANN MARIE
STREET ADDRESS	4410 NE 1ST TERR
CITY-ST-ZIP	POMPANO BCH, FL 00000
TITLE	V
NAME	DONLEY, JAMES BRYAN
STREET ADDRESS	267 NE 41ST STREET
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	V
NAME	DONLEY, FRANK EUGENE
STREET ADDRESS	2650 NW 64TH AVENUE
CITY-ST-ZIP	MARGATE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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 checked, or on an attachment with an address.

SIGNATURE: *Frank Donley* Frank Donley 3/10/95 305-772-4852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #