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FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005691 (8)

1. Corporation Name  
BROMAR SERVICES, INC.

Principal Place of Business  
1500 SAN REMO 3RD FLR  
CORAL GABLES FL 33146

Mailing Address  
1500 SAN REMO 3RD FLR  
CORAL GABLES FL 33146-3043



3. Date Incorporated or Qualified  
10/30/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
36-3933872

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME PARKER, DAVID R  
STREET ADDRESS 930 CASTLE AVE  
CITY- ST- ZIP CORAL GABLES FL 33134 ☐ DELETE

1.1 TITLE P  
1.2 NAME HIGHLAND, THOMAS  
1.3 STREET ADDRESS 7120 LAGO DR WEST  
1.4 CITY- ST- ZIP CORAL GABLES FL 33143 ☐ Change ☒ Addition

TITLE P  
NAME ADZIA, DANIEL J  
STREET ADDRESS 1975 SW 139TH ST  
CITY- ST- ZIP LISLE IL 60532 ☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE VCFO  
NAME FOLEY, JOHN E  
STREET ADDRESS 6724 SW 139TH ST  
CITY- ST- ZIP MIAMI FL 33158 ☒ DELETE

3.1 TITLE VCFO  
3.2 NAME EVANS, WILLIAM F  
3.3 STREET ADDRESS 3824 EL PRADO BLVD  
3.4 CITY- ST- ZIP COCONUT GROVE FL 33133 ☐ Change ☒ Addition

TITLE V  
NAME GARCIA DE QUEVEDO, PAUL A  
STREET ADDRESS 5810 SW 91ST AVE  
CITY- ST- ZIP MIAMI FL 33173 ☐ DELETE

4.1 TITLE VISIT  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☒ Change ☐ Addition

TITLE V  
NAME MCKINNON, THOMAS  
STREET ADDRESS 2899 WHITEHURST DR  
CITY- ST- ZIP MARIETTA GA 30062 ☒ DELETE

5.1 TITLE V  
5.2 NAME CHAMBERS, STEVEN  
5.3 STREET ADDRESS 2333 BRICKELL AVE, APT 402  
5.4 CITY- ST- ZIP MIAMI FL 33129 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

6.1 TITLE V  
6.2 NAME GAINOR, JOHN  
6.3 STREET ADDRESS 10045 SW 124 ST  
6.4 CITY- ST- ZIP MIAMI FL 33176 ☐ Change ☒ Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

*Paul H. Mortham*  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-740-1384

CR2E034 (9/96)