

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G89724** (0)

1. Corporation Name
M & R BRASS, INC.

Principal Place of Business Mailing Address
% ROBERT A. MONTALVO, JR.
2822 FORSYTHE RD.
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **03/12/1984** 3a. Date of Last Report **04/07/1994**
4. FEI Number **NOT APPLICABLE** 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 **2830 FORSYTH RD.** 26 **2830 FORSYTH RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **UNIT-430** 27 **UNIT-430**
City & State City & State
23 **WINTER PARK, FLORIDA** 28 **WINTER PARK FLORIDA**
Zip Country Zip Country
24 **32792** 25 **USA** 29 **32792** 30 **USA**

9. Name and Address of Current Registered Agent
MONTALVO, ROBERT A., JR.
2822 FORSYTHE RD.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
B1 Name **ROBERT A. MONTALVO JR.**
B2 Street Address (P.O. Box Number is Not Acceptable)
2830 FORSYTH RD.
B3
B4 City **WINTER PARK** FL B5 Zip Code **32792**

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVO, ROBERT A., JR.	1.2 NAME	
STREET ADDRESS	2822 FORSYTHE RD.	1.3 STREET ADDRESS	2830 FORSYTH RD.
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	WINTER PARK, FLORIDA 32792
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE: **Robert A. Montalvo Jr.** Date **4-3-95** Office/Phone # **407-671-1003**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR