FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L54234

1. Corporation Name

Principal Place of Business

BRUMER ENTERPRISES, INC.

% ROBERT C E	DATE PALM AVE S 6711 DATE PALM AVE S								
ST PETERSBURG FL 33707 ST PETERSBURG FL 33707			7			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 02/27/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		177	Applied For
21		26			59-2992049			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.			
24	9. Name and Address of Curi		1301			10. Name and Address of New Re			
	5, Raine and Address of Curi	en registered agent		81	Name	10. 1141110 2112 1			
BRUMER, ROBERT C. 6711 DATE PALM AVE S				82		ss (P.O. Box Number is Not Acceptable)			
	ETERSBURG FL 33707			83					
			ŀ	84	City		FL	85 Zip	o Code
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	uthorized	DV :	the corporation	oration submits this statement for the pon's board of directors. I hereby accept	the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE	: Registered	Agen	t signature require	d when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	
TITLE	D	☐ DELETE	1.1 111	LE				Change	e 🗌 Addition
NAME	BRUMER, ROBERT C		1.2 NA	ME					
STREET ADDRESS	6711 DATE PALM AVE S		1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-ST-ZIP					
TITLE		☐ DELETE	2.1 TIT	LE				☐ Change	e ☐ Addition
NAME			2.2 NA	ME	1				ĺ
STREET ADDRESS			2.3 STI	REET	ADDRESS				
CITY-ST-ZIP			2. 4 CI	TY-S	T-21P	<u></u>			
TITLE		☐ DELETE	3.1 TIT					Change	e
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 717					☐ Change	e 🗀 Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STI	REET	ADORESS				
CITY-ST-ZIP			4.4 CIT						
TITLE		☐ DELETE	5.1 TIT					☐ Change	e 🔲 Addition
NAME			5.2 NA	ME					1
STREET ADDRESS			5.3 ST	REET	ADDRESS				
		•	5.4 CIT	Y-SI	-ZIP				
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TIT					Change	e 🔲 Addition
NAME			6.2 NA	ME					
					ADDRESS				
STREET ADDRESS	l								i

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

 $\equiv \mathbb{H}$

=#. **≡** ;;,

= :=

====

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90114 031 ***150.00