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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000101728 (9) DOCUMENT # BRYTAM, INC.

Principal Place of Business

Mailing Address

FILED
Apr 27 1998 8:00am
Secretary of State

13615 BRUCE B. DOWNS BLVD.       13615 BRUCE B. DOW         SUITE 112       SUITE 112         TAMPA FL 33613       TAMPA FL 33613			S BLVD.		DO NOT WRITE IN THIS SPACE				
					<ol> <li>Date Incorporated or Qualified 12/17/1996</li> </ol>				
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For		
21		6			59-3445913   Not Appl				
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing     Trust Fund Contribution     Added to Fees					
Zip	<u> </u>	Zip ≥9	Country 30	•	8. This corporation owes or has p Personal Property Tax due Jun	ie 30. 🛮 🛣 Ye	es 🔲 No		
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
BARNETT, SCOTT F ESQ 238 AST DAVIS BLVD.			81 62	Name 2	sernand Go	ldstei	N ,		
SUITE 205				1361	5 Bruce Bit	20ขาดีใ	Blud		
TAMPA FL 3360	6-3758		83	Si	vite 112				
			84	City Tar	$n\rho \alpha$	FL 85	3263		
onice or registered agen	is of Sections 607.0502 and t, or both, in the State of F and accept the obligation	lorida. Such change was i	authorized by	the corporation	ration submits this statement for the n's board of directors. I hereby acce	purpose of cha- pt the appointn	nging its registered nent as registered		

SIGNATURE red agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRE TITLE ☐ DELETE 1.1 TITLE Change GOLDSTEIN, BERNARD NAME 1.2 NAME 38122 NORTH AVE. 13615 Bruce B. Downs STREET ADORESS 1.3 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CiTY-ST-ZIP

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 cett; 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:

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