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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V02428

1. Corporation Name

THE BRUNO CONNECTION, INC.

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 044 \*\*\*150.00



						IN ITER FRA BIRIT A	lätt Bibli bratt	Albit Athit (AA)		
Principal Place of Business Mailing Address										
22 S PALM AV	S PALM AVE									
SARASOTA FL	<b>J42J</b> 0	SA	SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE			
<u> </u>	<u> </u>						= 3.= Date Incorporated or Quali	fed =	من ويند بست	
							12/20/1991			
Principal Place of Business     2a. Mailing Address							4. FEI Number		A	oplied For
21			26				65-0310451 Not Applicab			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of Status Desire	Certificate of Status Desired  \$8.75 Additional		
22						V. Control of Clares Decision	Fee Required			
City & State			City & State				6. Election Campaign Finance	- II		
23			28				Trust Fund Contribution		Added	to Fees
Zip	Country	<u></u>	Zip	·	ıntry	'	8. This corporation owes the	current year Int	_	<b>□</b> ν-
24	25	29		30			Personal Property Tax.		∐Yes	□No
	9. Name and Address of Co	urrent Regis	stered Agent		-	T	10. Name and Address of No	w Registered	Agent	
DOMNO JOSEPH A			81 Name			Name				
Bruno, Joseph A. 22 s palm ave			82 Street A			Street Addr	ddress (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34236			83						<del></del>	
SAHASUTA FL 34230						1				
					84	City			85 Zip	Code
	•					1	poration submits this statement for	FL	.     _	
SIGNATURE	Signature, typed or printed name of register			: Registere	d Ager	nt signature require	d when reinstating)  ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTO	ORS IN 12
12.	OFFICERS AND DIRECTORS  DELETE			13. 1,1 TITLE		AUDITIONS/CHANGES TO	OFFICERS AI	Change	Addition	
TITLE	BRUNO, JOSEPH A				AME					_
NAME	22 S PALM AVE					TADDRESS				
STREET ADDRESS	SARASOTA FL									
CITY-ST-ZIP TITLE	JAHAGOTA I L	□ DELETE		_	1.4 CITY-ST-ZIP 2.1 TITLE			<del> </del>	☐ Change	☐ Addition
NAME	<u></u>			نت ان	AME					
						T ADDRESS				
STREET ADDRESS						ST-ZIP				
CITY-ST-ZIP TITLE			☐ DELETE	3.1 7		J1-211		<u> </u>	☐ Change	☐ Addition
NAME				-	IAME					
STREET ADDRESS						TADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	4,1 T					Change	Addition
NAME				4.21	NAME	ļ				
STREET ADDRESS				4.3 9	TREE	TADDRESS	,			
CITY-ST-ZIP				4.4 0	:ITY-S	ST-ZIP				
TITLE			DELETE	_	TLE	1			Change	☐ Addition
NAME				5.2 N	AME		•			
STREET ADDRESS	1			5.3 S	TREE	TADDRESS				
CITY-ST-ZIP				5.4 (	ITY-S	ST-ZIP				
TITLE			DELETE	6.1 T	ITLE			_	Change	Addition
NAME				6.2 N	IAME					
STREET ADDRESS				6.3 5	TREE	T ADDRESS				
CITY-ST-ZIP				6.4 0	ITY-S	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 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 thensed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR