

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED  
9<sup>th</sup> MAY - 1 PM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062727 (0)**  
1. Corporation Name  
**BROUGHT TO YOU BY, INC.**

Principal Place of Business: 2139 UNIVERSITY DRIVE SUITE #120 CORAL SPRINGS FL 33071  
Mailing Address: 2139 UNIVERSITY DRIVE SUITE #120 CORAL SPRINGS FL 33071

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 08/22/1994  
3a. Date of Last Report  
4. FEI Number: 65-0515626  
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  
6. This corporation has liability for franchise tax under S. 193.037, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MINTZ, NANCY A  
1539 N.W. 97TH TERRACE  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent  
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 fee # application) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: MINTZ, NANCY A  
STREET ADDRESS: 1539 NW 97TH TERR  
CITY, ST, ZIP: CORAL SPRINGS FL 33071

TITLE: D  
NAME: MINTZ, STEVEN P  
STREET ADDRESS: 1539 NW 97TH TERR  
CITY, ST, ZIP: CORAL SPRINGS FL 33071

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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)(A), 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: Nancy A. Mintz NAUCY A. MINTZ 4-28-95 305-753-7983  
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (Date) (Signature Number)