

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90219 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000083924

1. Corporation Name
3R/BROTHERS, INC.

Principal Place of Business 1111 S. FEDERAL HWY. SUITE 330 STUART FL 34994	Mailing Address 1111 S. FEDERAL HWY. SUITE 330 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1208 MULBERRY PLACE		2a. Mailing Address 26 1208 MULBERRY PLACE		3. Date Incorporated or Qualified 10/08/1996	
Suite, Apt. #, etc. 22 WELLINGTON, FL		Suite, Apt. #, etc. 27 WELLINGTON, FL		4. FEI Number 65-0740588	
City & State 23 WELLINGTON, FL		City & State 28 WELLINGTON, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24 33414		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 29 USA		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent COVEY, JAMES P 1111 S. FEDERAL HWY. SUITE 330 STUART FL 34994		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	
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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 Robert B. Rodriguez **ROBERT B. RODRIGUEZ** **4/29/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE D	☒ Change ☐ Addition
NAME RODRIGUEZ, BLAS M		1.2 NAME RODRIGUEZ, BLAS M.	
STREET ADDRESS 1111 S. FEDERAL HWY., SUITE 330		1.3 STREET ADDRESS 1208 MULBERRY PLACE	
CITY-ST-ZIP STUART FL 34994		1.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	☐ DELETE	2.1 TITLE D	☒ Change ☐ Addition
NAME RODRIGUEZ, MARIO		2.2 NAME RODRIGUEZ, MARIO	
STREET ADDRESS 1111 S FEDERAL HWY., SUITE 330		2.3 STREET ADDRESS 1208 MULBERRY PLACE	
CITY-ST-ZIP STUART FL		2.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	☐ DELETE	3.1 TITLE D	☒ Change ☐ Addition
NAME RODRIGUEZ, ROBERT		3.2 NAME RODRIGUEZ, ROBERT B.	
STREET ADDRESS 1111 S FEDERAL HWY SUITE 330		3.3 STREET ADDRESS 1208 MULBERRY PLACE	
CITY-ST-ZIP STUART FL		3.4 CITY-ST-ZIP WELLINGTON, FL 33414	
TITLE D	☐ DELETE	4.1 TITLE D	☒ Change ☐ Addition
NAME RODRIGUEZ, MICHAEL		4.2 NAME RODRIGUEZ, MICHAEL	
STREET ADDRESS 1111 S FEDERAL HWY SUITE 330		4.3 STREET ADDRESS 1208 MULBERRY PLACE	
CITY-ST-ZIP STUART FL		4.4 CITY-ST-ZIP WELLINGTON, FL 33414	
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	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: Robert B. Rodriguez **ROBERT B. RODRIGUEZ** **4/29/99** **561-996-2003** **791-1255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)