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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

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1. Corporatio	MENT # 111562 BROS., INC.	2		,	1 (48/44) 1000 (48/44) (48/44) 1000 (48/44)	11811 818 11 81811 81811	11 8 11 8 1811 18 9 1
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Principal Plac	e of Business	Mailing Address			{		
117 N. 2ND STREET P.O. BOX 3810 FT PIERCE FL 34960-4404		117 N. 2ND STREET P.O. BOX 3810 FT PIERCE FL 34950-4404		DO NOT WRITE IN 1	THIS SPACE		
					3. Date Incorporated or Qualifed 09/24/1926		
	Place of Business	2a. Mailing Address			4. FEI Number	·	plied For
21		Suite, Apt. #, etc.			59-0430090		t Applicable
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.	-	=	- 5 Certificate of Status Desired	Fee Re	Additional
City & State	ie	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29 30	ol		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81		10. Name and Address of New Registe	red Agent	
DI IR	NN ARTHUR H		\ ^ 1}	Name]
Rubin,Arthur H 2015 S. Indian River Drive			82	2 Street Address (P.O. Box Number is Not Acceptable)			
	IT PIERCE FL 33450		83				
			(((
			84	City	-	FL 85 Zip C	Ì
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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: _

SIGNATUR WILLIAM STEEL OF DEPLET OF DIRECTOR

/-//- 49

56/46/64 78 Davlime Phone #