

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **226426** (5)

1. Corporation Name  
**BRUNA INVESTMENT CORPORATION**



Principal Place of Business: **631 N E 45TH STREET FT LAUDERDALE FL 33334**  
Mailing Address: **631 N E 45TH STREET FT LAUDERDALE FL 33334**

3. Date Incorporated or Qualified: **07/30/1959**  
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>59-0895344</b>	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>DONLEY, FRANK 9100 NW 68 COURT PARKLAND FL 33067</b>		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	<b>FL</b>	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent is not applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, FRANK</b>	1.2 NAME	
STREET ADDRESS	<b>9100 NW 68TH CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARKLAND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, CHARLES WILLIAM</b>	2.2 NAME	
STREET ADDRESS	<b>499 NW 42ND ST, #5</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, ROXANN MARIE</b>	3.2 NAME	
STREET ADDRESS	<b>4410 NE 1ST TERR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BCH, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, JAMES BRYAN</b>	4.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>267 NE 41ST STREET</b>	4.3 STREET ADDRESS	<b>DONLEY, JAMES BRYAN</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>267 N.E. 41ST STREET</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, FRANK EUGENE</b>	5.2 NAME	
STREET ADDRESS	<b>2650 NW 64TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARGATE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: James B. Donley **PPES** 3-19-96 772-4852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day and Phone #

CR2E034 (12/95)