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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 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 33334-3247**

3. Date Incorporated or Qualified: **07/30/1959** 3a. Date of Last Report: **04/15/1996**

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**

4. FEI Number: **59-0895344** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DONLEY, FRANK
9100 NW 88 COURT
PARKLAND FL 33067

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: _____ DATE: _____
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: V	DONLEY, CHARLES WILLIAM 499 NW 42ND ST, #5 FT LAUDERDALE, FL 00000	1.1 TITLE: <input type="checkbox"/> DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: ST	DONLEY, ROXANN MARIE 4410 NE 1ST TERR POMPANO BCH, FL 00000	2.1 TITLE: <input type="checkbox"/> DELETE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: V	DONLEY, JAMES BRYAN 287 NE 41ST STREET POMPANO BEACH FL	3.1 TITLE: <input type="checkbox"/> DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: P	DONLEY, FRANK EUGENE 2850 NW 84TH AVENUE MARGATE FL	4.1 TITLE: <input type="checkbox"/> DELETE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> DELETE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

9100 N.W. 88th Court
Parkland FL 33067
3810 Haucks Road
Monkton, Md 21111
PD
DONLEY, FRANK
9100 N.W. 88TH COURT
PARKLAND FL 33067

14. I do 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.

SIGNATURE: **James B. Donley** **Vice Pres** **3-26-97** **954-772-4852**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)