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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 349356

(6)

RICHARD L. BRUTUS, INC.

Principal Place of Business Mailing Address 22 FERNBROOKE DR. 22 FERNBROOKE DR. SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695-3314 3. Date Incorporated or Qualified 3a. Date of Last Report 07/11/1969 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1267482 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUTUS.RICHARD L 22 FERNBROOKE DR. 82 Street Address (P.O. Box Number is Not Acceptable) **SAFETY HARBOR FL 34695** Вã 84 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1 1 TITLE BRUTUS, RICHARD L NAME 1.2 NAME 22 FERNBROOKE DR. 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** CITY-SI-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TiTi € 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME

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 suppliements annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or directorior the corporation or or the receiver or tristely empowered to execute this report as required by Charler 607, Florida Statutes and that my name appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on an integration and other mental appears in Block 12 or Buck 15 if changuit, and on the second of the changuity and other mental appears in Block 12 or Buck 15 if changuity and other mental appears in Block 12 or Buck 15 if changuity and other mental appears in Block 12 or Buck 15 if changuity and other mental appears in Block 15 if changuity and other mental appears in Block 12 or Buck 15 if changuity and other mental appears in Block 12 or Buck 15 if changuity and other mental appears in Block 15 if changuity and other mental appears in Block 15 if changuity and other mental appears in Block 15 if changuity and other menta

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5.1 TITLE

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61 TITLE

6.2 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

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CITY-ST-ZIP

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Jan 31 1997 8:00am

Secretary of State