

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90001 039 \*\*\*158.75

DOCUMENT # 357768

1. Corporation Name

DAN BRO INC

Principal Place of Business

3500 SW 49th WAY  
P.O. BOX 291688  
DAVIE, FL 33329-8688

Mailing Address

3500 SW 49th WAY  
P.O. BOX 291688  
DAVIE, FL 33329-1688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1970

4. FEI Number

59-1300523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 6945 NW 53 Terr

Suite, Apt. #, etc.

22 City & State  
23 MIAMI FLORIDA

24 Zip Country  
33166

2a. Mailing Address

26 6945 NW 53 Terr

Suite, Apt. #, etc.

27 City & State  
28 MIAMI FLORIDA

29 Zip Country  
33166

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROSNAHAN, DAN  
3500 SW 49 th WAY  
DAVIE, FL 33314

81 Name

DAN Brosnahan

82 Street Address (P.O. Box Number is Not Acceptable)

6945 NW 53 Terr

83

84 City

MIAMI

FL

85 Zip Code

33166

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

*Dan Brosnahan III*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/T/D

☒ Change ☐ Addit

1.2 NAME

Dan Brosnahan 3

1.3 STREET ADDRESS

6945 NW 53 Terr

1.4 CITY-ST-ZIP

MIAMI, FL 33166

2.1 TITLE

V/S/D

☒ Change ☒ Addit

2.2 NAME

Dan Brosnahan 4

2.3 STREET ADDRESS

4139 Rickenbacker Dr

2.4 CITY-ST-ZIP

ATLANTA, GA 30342

3.1 TITLE

☐ Change ☐ Addit

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addit

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addit

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addit

6.2 NAME

6.3 STREET ADDRESS

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:

*Dan Brosnahan III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-21-99  
Daytime Phone #