

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

DOCUMENT # 375339

Corporation Name
BROTHERS MASONRY, INC.

Principal Place of Business

17 BALFOUR ROAD
PALM BEACH FL 33418

Mailing Address

17 BALFOUR ROAD
PALM BEACH FL 33418

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90002 013 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/08/1971	
4. FEI Number 59-1373254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent VASSALOTTI, PAUL M 17 BALFOUR ROAD PALM BEACH GARDENS FL 33418	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME VASSALOTTI, PAUL		1.2 NAME	
3. STREET ADDRESS 17 BALFOUR RD.		1.3 STREET ADDRESS	
4. CITY-ST-ZIP PALM BCH GRDNS, FL 00000		1.4 CITY-ST-ZIP	
5. TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME VASSALOTTI, RANDY		2.2 NAME	
7. STREET ADDRESS 8186 ESTATE DR.		2.3 STREET ADDRESS	
8. CITY-ST-ZIP W PALM BEACH FL 33411		2.4 CITY-ST-ZIP	
9. TITLE VASSALOTTI, PAUL M	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME VASSALOTTI, RANDY		3.2 NAME	
11. STREET ADDRESS 17 BALFOUR RD.		3.3 STREET ADDRESS	
12. CITY-ST-ZIP PALM BEACH GARDENS, FL 33418		3.4 CITY-ST-ZIP	
13. TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME VASSALOTTI, RANDY		4.2 NAME	
15. STREET ADDRESS 8186 ESTATE DR.		4.3 STREET ADDRESS	
16. CITY-ST-ZIP W PALM BEACH FL 33411		4.4 CITY-ST-ZIP	
17. TITLE PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME VASSALOTTI, RANDY		5.2 NAME	
19. STREET ADDRESS 17 BALFOUR RD.		5.3 STREET ADDRESS	
20. CITY-ST-ZIP PALM BEACH GARDENS, FL 33418		5.4 CITY-ST-ZIP	
21. TITLE VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME VASSALOTTI, RANDY		6.2 NAME	
23. STREET ADDRESS 8186 ESTATE DR.		6.3 STREET ADDRESS	
24. CITY-ST-ZIP W PALM BEACH FL 33411		6.4 CITY-ST-ZIP	

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 561-694-0208
Date Daytime Phone #

CR2E034 (11/98)