

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 # 482990 (9)

1. Corporation Name
BRUCO INC.



Principal Place of Business
**10075 SOUTH FEDERAL HWY.
#171
PORT ST. LUCIE FL 34952-5614**

Mailing Address
**10075 SO. FEDERAL HWY.
#171
PORT ST. LUCIE FL 34952
US**

3. Date Incorporated or Qualified
08/18/1975

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1613717

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

2. Principal Place of Business
21 **2433 SE Hallahan St.**

Suite, Apt. #, etc.
22

City & State
23 **Port St. Lucie, FL**

Zip
24 **34952-7214**

Country
25 **St. Lucie**

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**MATTHEW, BRUCE P JR
2433 SE HALLAHAN ST.
PORT ST. LUCIE FL 34952**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEW, BRUCE P JR	1.2 NAME	
STREET ADDRESS	2433 SE HALLAHAN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	ST ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEW, MARGARET J.	2.2 NAME	
STREET ADDRESS	2433 SE HALLAHAN ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	2.4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, unchanged, or on an attachment with an address.

SIGNATURE:

Bruce P. Matthew Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

407-337-2019

Daytime Phone #

CR2E034 (12/95)