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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(9)

## **FILED** May 06 1998 8:00am Secretary of State

BRUCO INC. Principal Place of Business Mailing Address 2433 SE HALLAHAN STREET 2433 SE HALLAHAN ST PORT ST. LUCIE FL 34952-7241 PORT ST. LUCIE FL 34952-7241 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1975 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-1613717 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıρ Zip Country Country This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MATTHEW, BRUCE P JR 81 Name 2433 SE HALLAHAN ST. 62 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 84 City 85 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 agririt and lifte it applicable (NOTE Registored Agent signature required when re-instating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE MATTHEW, BRUCE P JR NAME 1.2 NAME 2433 SE HALLAHAN ST. STREET ADDRESS 1.3 STREET AODRESS PORT ST. LUCIE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE MATTHEW, MARGARET J. NAME 2.2 NAME 2433 SE HALLAHAN ST. STREET ADDRESS 23 STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST- ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 51 TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 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 ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATUR