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 Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90147 033 ***150.00

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OCUMEN	T:	#	51	22	1	Ω

1. Corporation Name BRUNO CANDIES, INC.

Mailing Address	
2650 NORTH FEDERAL HWY. FT. PIERCE FL 34946-8952	
	2650 NORTH FEDERAL HWY.

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T. PIERCE FI	L 34946-8952	FT. PIERCE FL 34946-8952	PIERCE FL 34946-8952			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed	FACE		_	
						11/10/1976			1	
Principal I	Place of Business	2a. Mailing Address			4. FEI Number			4		
i		26			59-1713661		pplied For	4		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					ot Applicable Additional	4		
,		27				5. Certifcate of Status Desired	•	Additional lequired		
-City & Sta	te	- City & State			-	6. Election Campaign Financing			===	
		28			6. Election Campaign Financing S.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cot	ıntry		8. This corporation owes the current year Intangible				
	25	29	30				gible]Yes	□No	ĺ	
	Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag			-	
ANIO	PEDCONI VALEDIE I			81	Name				1	
	DERSON, VALERIE J.			82	Stroot Add	roce (B.O. Boy Mysshania Mad Assault II)			_	
	D NORTH FEDERAL HWY.			62	Street Add	ress (P.O. Box Number is Not Acceptable)			1	
FI.	PIERCE FL 33450			83				*	+	
	gas some som engage									
	All the second of the second o	TO THE EXPERIENCE.	ر در الرازوي المرازوي	1 1	City		85 Zip (Code	1	
1. Pursuant	to the provisions of Sections 607:0502	and 607.4600 Classes Cont. 4.	- 46-	• ** *** *** **			l	registered	┨	
office or r	egistered agent, or both in the State of m familiar with, and accept the obligation	Florida: Such change was aut	horizec	l by ti	ie corporatio	oration submits this statement for the purpose of cha on s board of directors. I hereby accept the appointm	ent as re	gistered		
IGNATURE	44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ulus.		oration submits this statement for the purpose of cho on's board of directors. I hereby accept the appointm				
- IOIVATORE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered	Agent s	signature require	d when reinstating)	hes mar			
2.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTO	RS IN 12	8	
TLE	PD	☐ DELETE	1.1 TH	η£			Change	Addition	11/2	
ME	ANDERSON, DOUGLAS A		1.2 NAME					_		
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TY-ST-ZIP	VERO BEACH, FL 00000		1.4 CIT	TY-ST-Z	ZIP				5	
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REET ADDRESS			6.3 STR		DRESS					
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			0.4 (/11)	-31-ZI	r					

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.

IGNATURE: 🕻