

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **590766** (2)
1. Corporation Name
BRB INCORPORATED

Principal Place of Business
**9180 OAKHURST RD
SUITE 2A
SEMINOLE FL 34646**

Mailing Address
**9180 OAKHURST RD
SUITE 2A
SEMINOLE FL 34646**

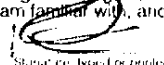


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/23/1978	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1855032	Applied For ☐ Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ESTHER H. CICCO 9180 OAKHURST RD SUITE 2A SEMINOLE FL 34646				81 Name Robert A. Cicco			
				82 Street Address (P.O. Box Number is Not Acceptable) 9190 Oakhurst Rd. Suite 2A			
				83			
				84 City Seminole			
				85 Zip Code FL 33776			

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  **Robert A. Cicco** 4/17/98
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	CICCO, ROBERT A.			1.2 NAME			
STREET ADDRESS	9190 OAKHURST RD SUITE 2A			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			1.4 CITY-ST-ZIP			
TITLE	ESTHER H. CICCO	☐ DELETE		2.1 TITLE	VPSD	☐ Change ☐ Addition	
NAME	ESTHER H. CICCO			2.2 NAME	Esther H. Cicco		
STREET ADDRESS	9180 OAKHURST RD SUITE 2A			2.3 STREET ADDRESS	9190 Oakhurst Rd. Suite 2A		
CITY-ST-ZIP	SEMINOLE FL			2.4 CITY-ST-ZIP	Seminole, FL 33776		
TITLE		☐ DELETE		3.1 TITLE	VPTD	☐ Change ☐ Addition	
NAME				3.2 NAME	Robert A. Cicco Jr.		
STREET ADDRESS				3.3 STREET ADDRESS	9190 Oakhurst Rd. Suite 2A		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Seminole, FL 33776		
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 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.

SIGNATURE: **Robert A. Cicco** Pres. 4/17/98 813-595-6407

CR2E034 (10/97)