## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT** #

(8)

 Corporation Name BROTHERS THREE OF VERO, INC.

BHOTHERS THREE OF VERO, INC.										
Principal Place o	l Business	Mailing Address	-/			I TERINE BININ BININ IBSUL BRANC BARN D	1411 1841 <b>8</b> 1411	81811 91 <b>9</b> 11 9181	11 <b>41411 41311 193</b> 1	
175-27TH AV		175-27TH AVE	NUE S.W.							
VERO BEACH		VERO BEACH								
						3. Date Incorporated or Qualified 07/06/1979	<b>3a</b> . Da	te of Last Re 02/07/18		
2. Principal Plac	e of Business	2a. Mailing Addres	SS			4. FEI Number		<b>—</b>	Applied For	
21		26				59-1917834			Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X		Additional Required		
22		Chr. & State			6. Election Campaign Financing			O May Be		
City & State		City & State				Trust Fund Contribution		,	d to Fees	
<b>23</b>	Country	Zip	C	ountry		8. This corporation has liability fo	intangible	tax under s	199.032,	
24	25	29	30				s XNo			
<u></u>	9. Name and Address of Curr	rent Registered Agent			,	10. Name and Address of New	Registere	1 Agent		
				81	Name					
MANK,	MILES B II	ndian River	Rist	82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)			
- <del>2143-1</del> !	V111 (11-	MUIAN KINCI	<b>2104</b> ,	-						
VERO E	BEACH FL 32960			83						
				84	City		F	85 Zi	ip Code	
						the state of the s			registered office	
	o the provisions of Sections 607.05 ad agent, or both, in the State of Fl n, and accept the obligations of, S			ie cork	oration's boa	ration submits this statement for the p rd of directors. I hereby accept the ap	pointment	as registered	d agent. I am	
1						d whose rejustational	DATE			
	Signature - typed or printed name on registered as	genit and title if equivolable .  AND DIRECTORS	HOUTE: Hogist	3.	in signature require	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12	
12. Tille	Dringeria.	DELE		1 TITLE				Change		
NAME.	MILLER, MILO J.	<del></del>	. 1	.2 NAME						
SIMEN ADDRESS	175 27TH AVE SW		1	.3 STREE	T ADDRESS					
CITY-ST-ZIP	VERO BEACH FL		1	4 CHTY -	ST-ZIP					
tir.f		☐ DELF	TE 2	. 1 TITLE				Change	☐ Addition	
NAMI.			2	2 NAME	Ì					
STREET ADDRESS			2	3 STREE	1 ADDRESS					
City-St-7:P			2	4 CITY -	ST - ZIP			F7 04	Addition	
Tittle		DELE	ETE 3	. 1 TITLE	1			Change	Addition	
NAME			3	3 2 NAME						
STREET ADDRESS			1 3	3. STRE	ET ADDRESS					
CHY-SI-ZIP				4 CITY				Change	Addition	
TITLE		☐ DELI		1. 1 TITLE	i i			புக்கும்		
NAME				1.2 NAME						
STREET ADDRESS					ET ADDRESS					
CHY-SI-209				4.4 CITY				Change	Addition	
THLE		DEL		5 1 TITLE					_	
NAME				5 2 NAMÉ c a otaci						
STHEET AUDRESS					ET ADDRESS					
CHY-ST-ZIF		DEL		5 4 CHY 6 1 TITL				☐ Change	e 🔲 Addition	
TITLE		□ να	1	6 2 NAM						
NAME:			- 1		EL ADDRESS					
STREET ADDRESS										
CITY - ST - ZIP	1			64 CITY	-31.41		40.07/0/03	Cindes Ctal	tidos I further	

SIGNATURE:

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 if changed, or on an attachment with an address. 

407-567-3221

CR2E034 (12/95)