

729047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

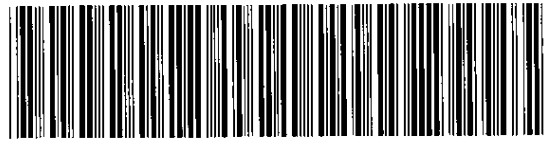
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400403906494

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047



Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

RICHARD (DICK) STONE
SECRETARY OF STATE

MARION A. WISNER ESQUIRE
201 WEST 40th STREET
MIAMI BEACH, FLORIDA 33512

904/488-3140
(TWX) 810/931-3677

Please refer to this number for future correspondence regarding this corporation.

730047

April 12, 1974

Subject: WICKHAM CONDOMINIUM, INC.

A refund for \$ 20. is enclosed for the reason checked:

1. Withdrawal of charter.
2. Overpayment of filing fee.
3. Charter not of record in this office.
4. Overpayment of certification fee.
5. Filing fee previously paid.
6. No fee required.
7. No response to our letter of _____.
8. Overpayment of charter tax. _____.
9. Comments: _____

If you have any questions regarding this matter, please let us know.

corp-77

REQUISITION FOR REFUND

This money was originally received per validator stamp as follows:

| Date | Validation No. | Machine No. | Dept. No. | Amount |
|---------|----------------|-------------|-----------|---------|
| 4/12/74 | 6100 | 2 | 12 | \$50.00 |

LSB

Requested by: _____

Authorized Signature _____

For use by Fiscal Department

Paid by Revolving Fund Check No. _____

dated _____ amount _____

gen-1

WARREN A. BISHOP
ATTORNEY AND COUNSELLOR AT LAW

FILED

MAR 17 12 51 PM 1974

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200 WEST 49TH STREET
TALLAHASSEE, FLORIDA 32302
13051 873-6083

March 6, 1974

Office of Secretary of State
Corporate Division
Tallahassee, Florida

Re: BRICKMAN CONDOMINIUM, INC.

Gentlemen:

Enclosed herewith please find original and one copy of Articles of Incorporation, and original and one copy of Certificate Designating Place of Business or Domicile for the Service of Process within this State, Naming Agent Upon Whom Process May Be Served for the above-named corporation, together with a check in the amount of \$58.00 representing:

| | |
|-------------------------------|----------------|
| Minimum Charter Tax | \$30.00 |
| Filing Fee | 15.00 |
| Certificate of Resident Agent | 3.00 |
| Certified Copy | 10.00 |
| | <u>\$58.00</u> |

Please forward a copy of Articles and Resident Agent form to my office.

Very truly yours,

Warren A. Bishop
Warren A. Bishop

WAB:tm

Enclosures (as noted)

#729047

adjust

| | |
|---------------|----|
| PRIVILEGE TAX | |
| C. TAX | 30 |
| FILING | 15 |
| C. COPY | 10 |
| R. A. FEE | 3 |
| P. COPY | |
| SEARCH | |
| TOTAL | 58 |
| BALANCE DUE | |
| REFUND | |

| | |
|-------------|-------|
| C. TAX | 30.00 |
| FILING | 15.00 |
| R. A. FEE | 3.00 |
| C. COPY | 10.00 |
| TOTAL | 58.00 |
| BALANCE DUE | 58.00 |
| REFUND | |

Filing Fee \$30.00

~~VOID~~

CORPORATION ANNUAL REPORT

APR -1-76-02 56500 ****10.0

| | | |
|---|---|--|
| ① 729047 <small>CHARTER NUMBER</small> | ② 03/12/1974 <small>DATE INC. OR IF FOREIGN DATE QUALIFIED IN FLA.</small> | ③ SICC SEE ENVELOPE BACK 6911 ③a CHANGE TO: |
| ④ FED EMPLOYER ID. NO. 591269542 ④b CHANGE TO: | | |

| | |
|--|--|
| YEAR OF LAST REPORT FILED IN THIS OFFICE | YEAR(S) THIS REPORT COVERS 1975 1976 |
| 75+76 | |

⑤ EXACT NAME
BRICKMAN CORPORATION, INC.

PLEASE READ INSTRUCTIONS ON BACK

⑥ ADDRESS
729047
BRICKMAN CORPORATION, INC.,
C/O GEORGE J. BRICKMAN,
4250 EAST 4TH AVENUE
MIAMI FL

⑥a STREET ADDRESS CHANGE

⑦ REGISTERED AGENT AND STREET ADDRESS
BRICKMAN, GEORGE J.,
4250 EAST 4TH AVENUE
MIAMI FL

⑦b REGISTERED AGENT NAME CHANGE AND/OR ADDRESS CHANGE
INCLUDE REGISTERED OFFICE ADDRESS

| ⑧ NAMES OF ALL OFFICERS AND DIRECTORS | STREET ADDRESS | CITY / STATE | TITLES MUST BE SHOWN | |
|---------------------------------------|----------------|--------------|----------------------|-----|
| | | | | |
| BRICKMAN, GEORGE J. | 760 W. 76ST | MIAMI FL | PRES | DIR |
| LEUNG, JULIA K. | 3741 E. 8 Ave | MIAMI FL | V.P. | DIR |
| RAJAGAN, JOY | 760 W. 76ST. | MIAMI FL | SEC | DIR |
| | | | | |
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FILE
 APR 27 8 30 AM '76
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

I CERTIFY THAT I AM AN OFFICER OF THIS CORPORATION EMPOWERED TO EXECUTE THIS REPORT AS REQUIRED BY CHAPTER 607, FLORIDA STATUTES. I FURTHER CERTIFY THAT I UNDERSTAND MY SIGNATURE ON THIS REPORT SHALL HAVE THE SAME LEGAL EFFECT AS IF MADE UNDER OATH.

SIGNATURE J. J. Brickman
 TITLE J. Pres TEL. NO. 822 6921
 DATE 3-24-76

corp-32

NP # 729047

NP #

BRICKMAN CONDOMINIUM, INC.

New Corporation Reincorporation Amendment (\$617.02)

Filed: 3/12/74

By:

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State

Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A \$5 FEE

006*****5
JAN 1977

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

| | | | |
|---|--|--|----------|
| 1. Name and Address of Corporation Principal Office: | | 2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient. | |
| 729047 BRICKMAN CONDOMINIUM, INC. C/O GEORGE J. BRICKMAN 4256 EAST 4TH AVENUE HIALEAH FL | | Street Address | |
| | | P.O. Box No. | |
| | | City | |
| | | State | Zip Code |
| If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code. | | | |

| | | | | | |
|---|------------|--|------------|------------------------|------|
| 3. Date Incorporated or Qualified To Do Business in Florida | 03/12/1974 | 4. Federal Employer Identification Number (FEIN) | 59-1209542 | 5. Date of Last Report | 1976 |
|---|------------|--|------------|------------------------|------|

| 6. Names and Street Addresses of Each Officer and Director | | | | | |
|--|-------|--------------|--|----------------|--|
| Names of Officers and Directors | Title | Director (X) | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | |
| BRICKMAN, GEORGE J. | PRES | DIR | 760 W 75 ST | HIALEAH FL | |
| GILLEN, JULIA K. | | DIR | 3741 E 8 AVENUE | HIALEAH FL | |
| BRICKMAN, JUDY | | DIR | 760 W 75 ST | HIALEAH FL | |
| | | | | | |
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| | | | | |
|---|--------------------------|---------------------|---|----------------------|
| 7. Registered Agent Information | Name | BRICKMAN, GEORGE J. | Street Address (Do NOT Use P.O. Box Number) | 4256 EAST 4TH AVENUE |
| | City, State and Zip Code | HIALEAH FL | | |
| If you wish to change Registered Agent on this form, enter all new information here | Name | | Street Address (Do NOT Use P.O. Box Number) | |
| | City, State and Zip Code | | | |

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have The Same Legal Effect As If Made Under Oath.

| | | |
|-------------------------------|---------|------------------|
| Print Name of Signing Officer | Title | Telephone Number |
| GEORGE J. BRICKMAN | PRES. | 822 6921 (305) |
| Signature | Date | |
| <i>George J. Brickman</i> | 1/10/77 | |

THIS REPORT MUST BE ACCOMPANIED BY THE \$5 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATION ANNUAL REPORT
1978



Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE (Form COR 620) 12-1-77

FILED
JUN 30 9 00 AM '78
TALLAHASSEE, FLORIDA
CORPORATIONS DIVISION

▶ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ◀

| | | | |
|--|--|---|--|
| 1. Name and Address of Corporation Principal Office: 729047 BRICKMAN CONDOMINIUM, INC. C/O GEORGE J. BRICKMAN 4256 EAST 4TH AVENUE HIALEAH FL | | 2. Enter Change of Address of Corporation Principal Office P.O. Box Number Alone is NOT Sufficient Street Address P.O. Box No. APR 18 78 92 11500 City State Zip Code | |
|--|--|---|--|

| | | |
|---|--|--------------------------------|
| 3. Date Incorporated or Qualified To Do Business in Florida 03/12/1974 | 4. Federal Employer Identification Number (FEIN) 59-1209542 | 5. Date of Last Report 1977 |
|---|--|--------------------------------|

| 6. Names and Street Addresses of Each Officer and Director | | | | |
|--|-------|--------------|--|----------------|
| Names of Officers and Directors | Title | Director (x) | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
| BRICKMAN, GEORGE J. | DIR | ✓ | 760 W 76 ST | HIALEAH FL |
| STULEN, JULIA K. | DIR | | 3741 E 8 AVENUE | HIALEAH FL |
| BRICKMAN, JUDY | DIR | | 760 W 76 ST | HIALEAH FL |
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| | | |
|--|--|---|
| 7. Registered Agent Information If you wish to change Registered Agent on this form, enter all new information here ▶ | Name BRICKMAN, GEORGE J. | Street Address (Do NOT Use P.O. Box Number) 4256 EAST 4TH AVENUE |
| | City, State and Zip Code HIALEAH FL | |
| | Name | Street Address (Do NOT Use P.O. Box Number) |
| | City, State and Zip Code | |

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.
No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607, F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

| | | |
|--|----------------|------------------------------|
| Typed Name of Signing Officer G.J. Brickman | Title Pres | Telephone Number 822-6921 |
| Signature <i>G.J. Brickman</i> | Date 3-1-78 | |

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS \$10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

CORPORATION
ANNUAL REPORT



STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1979

FILED

AUG 16 8 27 AM '79

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1 Name and Address of Corporation Principal Office.

729047
BRICKMAN CONDOMINIUM, INC.
~~C/O GEORGE J. BRICKMAN~~
4256 EAST 4TH AVENUE
HIALEAH FL

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address
4244 East 4th Avenue
PO Box No
City
Hialeah, Florida 33013
State
Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida

3/12/1974

4 Federal Employer Identification Number (FEIN)

59-1209542

5 Date of Last Report

1978

6 Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---------------------------------|----------------|--|-----------------------|
| BRICKMAN, GEORGE J. | P/O | 760 W 76 ST | HIALEAH FL |
| GILLEN, JULIA A. | D. | 3741 E 6 AVENUE | HIALEAH FL |
| BRICKMAN, JOSE | D. | 760 W 76 ST | HIALEAH FL |
| Lamb, Jack J. | P. | 4244 E. 4th Avenue | Hialeah, Fla. 33013 |

7 Registered Agent Information

Name
BRICKMAN, GEORGE J.
Street Address (Do NOT Use P.O. Box Number)
4256 EAST 4TH AVENUE
City, State and Zip Code
HIALEAH FL

If you wish to change Registered Agent on this form, enter all new information below.

Name
Lamb, Jack
Street Address (Do NOT Use P.O. Box Number)
4244 E. 4th Avenue
City, State and Zip Code
Hialeah, Fla. 33013

8 See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 007 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As if Made Under Oath.

Typed Name of Signing Officer

Jack J. Lamb

Title

President

Signature

Telephone Number


558-4300

Date

Aug 6 1979

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS \$10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

| | | |
|--|---|--|
| <p>CORPORATION ANNUAL REPORT</p>  <p>1980</p> <p>THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p> | <p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p> | <p>DO NOT WRITE IN THIS SPACE</p> <p>FILED</p> <p>MAR 12 10 23 AM 1980</p> <p>FLORIDA DEPARTMENT OF STATE CORPORATIONS DIVISION TALLAHASSEE, FLORIDA</p> |
|--|---|--|

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

| | |
|--|---|
| <p>1. Name and Address of Corporation Principal Office:</p> <p>729047 BRICKMAN CONDOMINIUM, INC. 4244 E. 4TH AVENUE HIALEAH FL 33013</p> <p>If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.</p> | <p>2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address _____</p> <p>P.O. Box No. _____</p> <p>City _____</p> <p>State _____ Zip Code _____</p> |
|--|---|

| | | | | | |
|---|-----------|--|------------|------------------------|------|
| 3. Date Incorporated or Qualified To Do Business in Florida | 3/12/1974 | 4. Federal Employer Identification Number (FEIN) | 59-1209542 | 5. Date of Last Report | 1979 |
|---|-----------|--|------------|------------------------|------|

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---------------------------------|-------|--|----------------|
| LAMB, JACK J./ | P | 4244 E. 4TH AVENUE | HIALEAH, FL |
| | | | |
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| | |
|---|---|
| <p>7. Registered Agent information</p> <p>Name LAMB, JACK J.</p> <p>Street Address (Do NOT Use P.O. Box Number) 4244 E. 4TH AVENUE</p> <p>City, State and Zip Code HIALEAH FL 33013</p> | <p>To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$312</p> |
|---|---|

See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

| | | |
|----------------------------------|---------------------------|------------------------------|
| Typed Name of Signing Officer | Title <i>President</i> | Telephone Number 652-1300 |
| Signature <i>Jack J. Lamb</i> | Date 2/15/80 | |

| | |
|----------------------------|-------------------------------|
| DO NOT WRITE IN THIS SPACE | 729047 02-23-80 2 6 427 10.00 |
|----------------------------|-------------------------------|

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George F. Harwood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1981

FEB 17 8 25 AM 1981

THIS REPORT MUST BE ACCOMPANIED BY A FEE

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

Name and Address of Corporate Principal Office:

729047
BRICKMAN CONDOMINIUM, INC.
4244 E. 4TH AVENUE
HIALEAH, FL 33011

Enter Change of Address of Corporate Principal Office, P.O. Box, Number, Name or NOT on Client

Street Address

P.O. Box No.

City

State

If above address is incorrect in any way, enter the correct address in Item 2. Include ZIP Code

Date Incorporated or Qualified to Do Business in Florida

3/11/1974

Federal Employer Identification Number (FEIN)

59-1209542

Name and Street Address of Each Officer and Director

| Name of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|--------------------------------|-------|--|----------------|
| LAMB, JACK J. | P | 4244 E. 4TH AVENUE | HIALEAH, FL |
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Registered Agent Information

Name
LAMB, JACK J.
Street Address (Do NOT Use P.O. Box Number)
4244 E. 4TH AVENUE
City, State, and Zip Code
HIALEAH, FL 33011

To change the Registered Agent and to Register, this form must be signed by the new Registered Agent and accepted by the President or Vice President of the Corporation. Must be filed with notice of 30 days.

See signature instructions under instructions on reverse side of this form.

(NOTE: That I AM AN Officer of the Corporation, the Receiver of this Report is authorized to execute this Report as required by Chapter 2007 F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if I Signed Directly.

Name of Signer (Officer)

Jack J. Lamb

President

Telephone Number

305-551-1100

Date

January 3, 1981

DO NOT WRITE IN THIS SPACE

290 02-05-01 5-17-81