

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 844913 (4)

1. Corporation Name

C.A. BRUHNS, INC.



Principal Place of Business: P.O. BOX 518 INDIANTOWN FL 34956 US
Mailing Address: P.O. BOX 518 INDIANTOWN FL 34956 US

3. Date Incorporated or Qualified: 01/08/1980
3a. Date of Last Report: 03/03/1995
4. FEI Number: 13-5546976
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. City & State
29. Zip Country
30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POST, ROBERT M. J
16001 SW MARKET STREET
INDIANTOWN FL 34959

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | POST, ROBERT M JR. | |
| STREET ADDRESS | 16001 MARKET STREET | |
| CITY - ST - ZIP | INDIANTOWN FL | |
| TITLE | PDT | <input type="checkbox"/> DELETE |
| NAME | HENNING, CAROLYN G | |
| STREET ADDRESS | 23 W JOHN ST | |
| CITY - ST - ZIP | HICKSVILLE NY | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ABUHOFF, FLEUR | |
| STREET ADDRESS | 23 W JOHN ST | |
| CITY - ST - ZIP | HICKSVILLE NY | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GENTRY, ELIZABETH | |
| STREET ADDRESS | WEST FARMS RD. | |
| CITY - ST - ZIP | INDIANTOWN FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

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.

SIGNATURE: _____ DATE: 3/21/96 DAYTIME PHONE #: 407-597-3113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)