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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F16190
1. Corporation Name
BROTHERS "F" CORPORATION

(3)

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business				Mailing Address				T TRESSER TORN NAME OF STREET SPILL WALL		***************************************	******	
9480 HARDING SURFSIDE FL US				.O. BOX 546781 SURFSIDE FL 33154-078	Ħ							
				•				3. Date Incorporated or Qualified 01/15/1981		ate of Last R 01/1996	eport	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Ap	plied For]
21			26					59-2058058 Not Applicable				4
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional		
City & State			27	City & State			6. Election Campaign Financing	· . · · · · · · · · · · · · · · · ·		May Be	-	
23			28	28			Trust Fund Contribution Added to Fees					
Zip	Country			Zip Coun			,	8. This corporation has liability for intangible tax under s. 199.032,			1	
24 25			29					Florida Statutes Yes No				1
604		and Address of Curre	ent Regi	stered Agent		81	Name	10. Name and Address of New Re	gistered	Agent		-
	EDHEIM, GE					٥١	Name					
9480 HARDING AVE Surfside Fl							Street Addre	ess (P.O. Box Number is Not Acceptab	ote)			
301	MI OIDE I C					83			····			1
							04.			or Zio	Code	-
						84	City		FL	. -		
11. Pursuant office or agent. 1	t to the provision registered ago am familiar wit	ons of Sections 607.05 ent, or both, in the Stath, and accept the obli	02 and l te of Flor gations o	607.1508, Florida Stal rida. Such change wa of, Section 607.0505,	lutes, the a s authorize Florida Sta	bove d by	e-named corporations.	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of the app	changing it ointment as	ts registered registered	
SIGNATURE												
	Signature, typed o	x printed name of registered a			OTE Registere	ed Age	ent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SEDS AND	DIDECTOR	DC INI 12	16
12.	T DV	OFFICERS A	ND DIRE	DELETE	1.1]	iTLF	ТТ	ADDITIONS/CHANGES TO OFFIC	ZENG AND	Change	Addition	- }
	NAME FRIEDHEIM, GUNTHER			1.2 NA				•		- •	_	
STREET ADDRESS 9480 HARDING AVE				1.3 STREET ADDRES			ADDRESS					}
CITY-ST-ZIP	ry-st-zip SURFSIDE,FL 00000					aty-s	51 - ZIP					
TITLE	DP		DELETE		2.1 3	2.1 TITLE				☐ Change	Addition	١
· NAME			2.		2.2 N	2.2 NAME						
STREET ADDRESS 9480 HARD			•		2.3 9	TREFT	ADDRESS					1
CITY-ST-ZIP							S1 - 7IP			☐ Change	Addition	\dashv
TITLE		M RITH		[_] DELETE	311		İ	··		Unanys	L'1 vogition	
NAME OTREET ADDRESS	ALON MADDINIO AVE		`	3.2 N			ADDRESS	***				
STREET ADDRESS CITY-ST-ZIP SURFSIDE, FL 00000				3.4.0			i					
TITLE	VD			☐ DELETE	4.1]					Change	Addition	1
NAME	FRIEDHE	M, INGE			4.2	NAME						
STREET ADDRESS 9480 HARDING AVE				4.3 STF			ADDRESS					
CITY-ST-ZIP SURFSIDE, FL 00000				4.4 CHY-5			ST - ZIP					╛
TITLE				DELETE	5.11	ITLE				Change	Addition	
NAME '					5.2 N	IAME						
STREET ADDRESS	-				5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP				D not see			61 - 71P			Chana-	Addit	+
TITLE				☐ DELETE	6.1 T					Change	Addition	ļ
NAME					6.2 N							
STREET ADDRESS	1						ADDRESS					
CITY-ST-ZIP	hu aadilu lhad	the information a worl	ind with	this filing does not au	6.4 C)ITY - \$	ST-ZIP	in Section 119 07/3Vi) Florida Statute	e I furtho	r cortify that	tho	-

I do hereby certify that information indicated of Lam an officer or dire-appears in Block 12 or with this filing does not quality for the exemption stated in Section 119.07(3)(), Florida statutes. Fluriner certily that the optomental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ic peceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name