

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F16190 (3)
1. Corporation Name
BROTHERS "F" CORPORATION



Principal Place of Business
9480 HARDING AVE
SURFSIDE FL 33154
US

Mailing Address
P.O. BOX 546781
SURFSIDE FL 33154-0781

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 P.O. Box 546781		26 Suite, Apt. #, etc.		01/15/1981	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 SURFSIDE, FLORIDA		28 City & State		59-2058058	
24 33154-0781		29 Zip		Applied For	
25 MIAMI-DADE		30 Country		Not Applicable	
26		27		5. Certificate of Status Desired	
27		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
28		29		6. Election Campaign Financing	
29		30		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
31		32		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FRIEDHEIM, GERHARD Ruth 9480 HARDING AVE SURFSIDE FL		81 Name	
13000 Griffing Blvd. N. miami, FL 33161		82 Street Address (P.O. Box Number is Not Acceptable)	
		P.O. Box 546781	
		83	
		84 City SURFSIDE	
		FL	
		85 Zip Code 33154	

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 Ruth Friedheim Ruth Friedheim - President 4-27-98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DV		1.2 NAME 13000 Griffing Blvd	
STREET ADDRESS FRIEDHEIM, GUNTHER		1.3 STREET ADDRESS P.O. Box 546781 N. mia, FL 33161	
CITY-ST-ZIP 9480 HARDING AVE		1.4 CITY-ST-ZIP SURFSIDE, FL 33154-0781	
CITY-ST-ZIP SURFSIDE, FL 00000 N. mia, FL 33161			
TITLE <input checked="" type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DP		2.2 NAME	
STREET ADDRESS FRIEDHEIM, GERHARD		2.3 STREET ADDRESS P.O. Box 546781	
CITY-ST-ZIP 9480 HARDING AVE		2.4 CITY-ST-ZIP SURFSIDE FL 33154-0781	
CITY-ST-ZIP SURFSIDE, FL 00000			
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DP, SDT		3.2 NAME	
STREET ADDRESS FRIEDHEIM, RUTH		3.3 STREET ADDRESS P.O. Box 546781 13000 Griffing Blvd	
CITY-ST-ZIP 9480 HARDING AVE		3.4 CITY-ST-ZIP SURFSIDE, FL 33154-0781	
CITY-ST-ZIP SURFSIDE, FL 00000 N. mia, FL 33161			
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME VD		4.2 NAME	
STREET ADDRESS FRIEDHEIM, INGE		4.3 STREET ADDRESS P.O. Box 546781 13000 Griffing Blvd	
CITY-ST-ZIP 9480 HARDING AVE		4.4 CITY-ST-ZIP SURFSIDE, FL 33154-0781	
CITY-ST-ZIP SURFSIDE, FL 00000 N. mia, FL 33161			
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Ruth Friedheim (D.P.) (ex) 8/1/98 (305) 861-6766

CR2E034 (10/97)