


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90023 018 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F70499**

1. Corporation Name

THOMAS H. BRYMER, II, P.A.

Principal Place of Business

C/O MAURICE GELINA & ASSOC  
 848 BRICKELL AVE # 210  
 MIAMI FL 33131  
 US

Mailing Address

C/O MAURICE GELINA & ASSOC  
 848 BRICKELL AVE # 210  
 MIAMI FL 33131  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1982

4. FEI Number

59-2179739

Applied For

Not Applicable

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4219 ANNE CT

2a. Mailing Address

26 4219 ANNE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 MIAMI, FL

City &amp; State

28 MIAMI, FL

Zip Country

24 33133

Country

Zip Country

29 33133

Country

9. Name and Address of Current Registered Agent

BRYMER, II, THOMAS H  
 C/O MAURICE GELINA & ASSOC  
 2665 S BAYSHORE DR STE 403  
 MIAMI FL 33133 33131

10. Name and Address of New Registered Agent

81 Name THOMAS H. BRYMER II  
 82 Street Address (P.O. Box Number is Not Acceptable) 4219 ANNE COURT  
 83  
 84 City MIAMI FL 85 Zip Code 33133

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE  
 NAME FOX, STEVE  
 STREET ADDRESS 10801 SW 57 PL  
 CITY-ST-ZIP FT LAUDERDALE FL 33328

TITLE PRESIDENT ☐ DELETE  
 NAME THOMAS H. BRYMER II  
 STREET ADDRESS 4219 ANNE COURT  
 CITY-ST-ZIP MIAMI, FLORIDA 33133

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
 1.2 NAME THOMAS H. BRYMER II  
 1.3 STREET ADDRESS 4219 ANNE COURT  
 1.4 CITY-ST-ZIP MIAMI, FL 33133

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

THOMAS H. BRYMER II, PRES. 3/26/99 305 3734441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #