Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90150 006 ***158.75

a emplem tina 1011 house 2011 dina intermedia Albis Bidis Athi Aibis Aibis Addi 1081

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F87848

1. Corporation Name

FLORIDA BRICKELL CORP.

Principal Place of Business Name Pro D BOY 31728 NUMM FL 32039 1728 NUMM FL 4, etc. 20										
SIAMORADA FL 33038 MIAM FL 3323-1778 US SUS	Principal Place	of Business	Mailing Addre	ess			1		1 DIBIL BIBLI BIBLI GIL	
2. Principal Place of Business	ISLAMORADA F	· · · · · ·	MIAMI FL 3323	MIAMI FL 33233-1728			DO N	OT WRITE IN TH	IS SPACE	
2. Principal Place of Business	US	,	US						O OI AOL	
2. Principal Place of Business 2a, Mailing Address 2a, Mailing Address 59-21/97890 No. Populable										
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State City & State Country 28 Country 29 Solo Country 8. This corporation owes the current year intangible Personal Property Tax. Vision Personal Prope	2. Principal P	ace of Business	2a. Mailing A	ddress			4. FEI Number		App	lied For
22 27 27 27 28 27 28 27 28 28	21		26			<u> </u>	<u>59-2197890</u>	<u>,</u>		
City & State	—	#, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status De	esired 🔽		,
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year intemplate 22				<u>. </u>			2 FI II O			·
Zip Country Zip Country Zip Country 8. This corporation owes the current year intangible Personal Property Tax. yes If No. Yes If No.	<u> </u>	8	— ·	al u				- 11		
28		Country			Country					/
RYAN, HAROLD A. 75020 OVERSEAS HWY ISLAMORADA FL 33036 81 City FL 85 City FL 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 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, 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, 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 agent. The material with an advected the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PVD DELETE 11. TITLE PVD DELETE 11. TITLE TSD DELETE 21. TITLE TSD DELETE 21. TITLE TSD DELETE 21. TITLE TSD DELETE 21. TITLE TSD DELETE 31. TITLE Change Addition AMME RYAN, HAROLD A TREET ADDRESS CITY-ST-ZPP TITLE DELETE 31. TITLE Change Addition Addition AMME TSD DELETE 31. TITLE Change Addition Addition AMME TSD DELETE 31. TITLE Change Addition Addition AMME AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICE	⊢ `		<u> </u>	30	<u>.</u>		The state of the s		☐ Yes [I INo
RYAN, HAROLD A. 75020 OVERSEAS HWY ISLAMORADA FL 33036 84 City FL 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 agent, are 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, then the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or priced 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 PYO DELETE 1.1 TITLE PYO DELETE 1.3 TITLE PYO DELETE 1.3 TITLE DELETE 1.4 CITY-ST-ZIP TITLE TSD DELETE 2.1 TITLE DELETE 3.1 STREET ADDRESS CITY-ST-ZIP SILAMORADA FL 1.4 CITY-ST-ZIP TITLE DELETE 3.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.4 CITY-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Change Addition Addition Addition Addition Addition		9. Name and Address of Curr	ent Registered Age	nt	-		10. Name and Address	of New Registere	d Agent	
Too over the composition 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 familier with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVD MAME RYAN, HAROLD A TREET ADDRESS CITY-ST-ZIP TITLE TSD DELETE 1.1 TITLE Change Addition Addition Change Addition Addition Change Addition Addition Addition	5744				81	Name				
ISLAMORADA FL 33036 84 City FL 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when renatating) DATE					82	Street	Address (P.O. Box Number is No	t Acceptable)		
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 lits 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. Speed or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating)					-				-	
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 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 PVD DELETE 1: TITLE PVD DELETE 1: TITLE PVD DELETE 1: TITLE TSD DELETE 2: TITLE TSD DELETE 2: TITLE TSD DELETE 2: TITLE TSD DELETE 2: TITLE Change Addition NAME RYAN, ELIZABETH A 75020 OVERSEAS HWY 2: STREET ADDRESS CITY-ST-ZIP SILAMORADA FL TITLE DELETE 3: TITLE Change Addition Addition Change Addition Change Addition Change Addition TITLE SIRREET ADDRESS CITY-ST-ZIP TITLE DELETE 3: TITLE Change Addition Change Addition Change Addition	ISLA	MICHADA I E 33000			83					
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 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PVD DELETE 11. TITLE PVD Change Addition RYAN, HAROLD A 75020 OVERSEAS HWY 13. STREET ADDRESS CITY-ST-ZIP ITILE TSD DELETE 21. TITLE TSD Change Addition ANAME RYAN, ELIZABETH A 22. NAME STREET ADDRESS CITY-ST-ZIP SLAMORADA FL DELETE 33. STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Addition DELETE 33. STREET ADDRESS CITY-ST-ZIP Change Addition	{				84	City			85 Zip C	ode
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	COT 0500					-named	corporation submits this statemer			registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	office or r	egistered agent, or both, in the Sta	te of Florida. Such ch	nange was auth	orized by	the corp	oration's board of directors. I here	by accept the app	ointment as regi	istered
Signature, typed or printed name of registared agent and title if applicable. (NOTE: Registared Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12 TITLE PVD DELETE 1.1 TITLE PVD DELETE 1.1 TITLE Change Addition NAME RYAN, HAROLD A 12 NAME STREET ADDRESS 75020 OVERSEAS HWY 1.3 STREET ADDRESS CITY-ST-ZIP SLAMORADA FL 1.4 CITY-ST-ZIP TITLE TSD DELETE 2.1 TITLE Change Addition NAME RYAN, ELIZABETH A 2.2 NAME STREET ADDRESS 75020 OVERSEAS HWY 2.3 STREET ADDRESS CITY-ST-ZIP SLAMORADA FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition NAME Change Addition NAME ALTITUSE Change Addition Change Addition Change Addition Addition Addition Change Change Change Change Change Addition Change Cha	l	m familiar with, and accept the oblig	gations of, Section 6	u/.uoua, Fiorida	a Statutes				ě.	
TITLE PVD DELETE 1.1TITLE Change Addition NAME RYAN, HAROLD A 12 NAME STREET ADDRESS 75020 OVERSEAS HWY 1.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 1.4 CITY-ST-ZIP TITLE TSD DELETE 2.1 TITLE Change Addition NAME RYAN, ELIZABETH A 22 NAME STREET ADDRESS 75020 OVERSEAS HWY 2.3 STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Re	gistered Ager	t signature r	equired when reinstating)	DATE		
NAME	12.						ADDITIONS/CHANGES	TO OFFICERS		
STREET ADDRESS T5020 OVERSEAS HWY 1.3 STREET ADDRESS CITY-ST-ZIP SLAMORADA FL 1.4 CITY-ST-ZIP TSD DELETE 2.1 TITLE Change Addition Addition Change Addition	TITLE		L	DEFELE					Change	☐ Addition \
CITY-ST-ZIP										
TTLE TSD DELETE 2.1 TITLE Change Addition NAME RYAN, ELIZABETH A 22 NAME	STREET ADDRESS									
NAME RYAN, ELIZABETH A 22 NAME STREET ADDRESS CITY-ST-ZIP ISLAMORADA FL 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE			Г) DEI ETE		r•zip			☐ Change	☐ Addition
STREET ADDRESS 75020 OVERSEAS HWY 2.3 STREET ADDRESS	Į .] DEFEIT	l				<u> </u>	
CITY-ST-ZIP ISLAMORADA FL 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition						ANDRESS				
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME 3.3 STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE Change Addition	1									
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change		TOLD (INCIDATE)		DELETE					☐ Change	☐ Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	NAME				3.2 NAME					
TITLE DELETE 4.1 TITLE Change Addition	STREET ADDRESS			,	3.3 STREET	ADDRESS	Language and the second			l
The state of the s	CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
NAME 4.2 NAME	TITLE			DELETE	4.1 TITLE				Change	[_] Addition
	NAME				4. 2 NAME					
STREET ADDRESS 4.3 STREET ADDRESS										
Crty-St-ZIP 4.4 CITy-St-ZIP Change Addition										
SANAIS	C/TY-ST-ZIP			7 DE ETE	4.4 CITY-S				☐ Chance	☐ Addition
NAME	CMY-ST-ZIP		С	DELETE	4.4 CITY-S 5.1 TITLE				☐ Change	☐ Addition
STORES 5.3 STREET ADDRESS	C/TY-ST-ZIP TITLE NAME		С] DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		· .	☐ Change	Addition
STREET ADDRESS 5.3 STREET ADDRESS	C/TY-ST-ZIP TITLE NAME		С] DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZIP		· ·	Change	Addition

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE: Ja

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition