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FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005691 (8)

1. Corporation Name

BROMAR SERVICES, INC.

Principal Place of Business

1500 SAN REMO 3RD FLR
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO 3RD FLR
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1996

4. FEI Number

36-3933872

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

1.1 TITLE ☐ DELETE

NAME DC
PARKER, DAVID R
STREET ADDRESS 930 CASTLE AVE
CITY-ST-ZIP CORAL GABLES FL 33134

1.2 TITLE ☐ DELETE

NAME P
HIGHLAND, THOMAS
STREET ADDRESS 7120 LAGO DRIVE WEST
CITY-ST-ZIP CORAL GABLES FL

1.3 TITLE ☐ DELETE

NAME VCFO
EVANS, WILLIAM F.
STREET ADDRESS 3824 EL PRADO BLVD.
CITY-ST-ZIP COCONUT GROVE FL

1.4 TITLE ☐ DELETE

NAME VST
GARCIA DE QUEVEDO, PAUL A
STREET ADDRESS 5810 SW 91ST AVE
CITY-ST-ZIP MIAMI FL

1.5 TITLE ☒ DELETE

NAME V
CHAMBERS, STEVEN
STREET ADDRESS 2333 BRICKELL AVE, APT. 402
CITY-ST-ZIP MIAMI FL

1.6 TITLE ☒ DELETE

NAME V
GAINOR, JOHN
STREET ADDRESS 10045 S.W. 124 ST.
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

VP
Jones, Robert
1500 San Remo Blvd, Suite 300
Coral Gables, FL 33146
SVP
Burnham, Bruce O.
1500 San Remo Blvd., Suite 300
Coral Gables, FL 33146

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: *Bruce O. Burnham*

3-2-98 305740-1565

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