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 # H22126 1. Corporation Name

BROTHERS 2 REALTY OF SARASOTA, INC.

Principal Place of Business Mailing Address				
1934 RINGLING BLVD		PO BOX 2099		
SARASOTA FL 34236		SARASOTA FL 34230 US		DO NOT WRITE IN THIS SPACE
US		03		3. Date Incorporated or Qualifed
				09/21/1984
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-2462159 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · ·	5. Certificate of Status Desired \$8.75 Additional
22		27)		5. Certificate of Status Desired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
.3		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 30		Personal Property Tax.
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
DEG	ENBERG, CHARLES		o i Manie	
1934 RINGLING BLVD			82 Street A	ddress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34236			83	
Ora tr	100 TA TE 04200		63	
			84 City	FL 85 Zip Code
	60 (007 05	1 607 4500 51-11- 61-11-	the about period of	orporation submits this statement for the purpose of changing its registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auth	onzed by the corpor	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, typed or printed name of registered age		gistered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II) 12
TITLE	P COENTEDO CUADA EC	Ŭ DECETE	1.1 TITLE	C States
NAME	DESENBERG, CHARLES		1.2 NAME)
STREET ADDRESS	4626 HADFIELD DRIVE		1.3 STREET ADDRESS	34235
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	VST	□ pecele	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·
NAME	DESENBERG, MARILYN	i	2.2 NAME	·
STREET ADDRESS	4626 HADFIELD DRIVE		2.3 STREET ADDRESS	34235
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.4 CITY-ST-ZIP	Change Addition
TITLE		בן טבנבונ	3.1 TILE 3.2 NAME	
NAME			3.2 NAME 3.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		Ç 02.52.2	4.2 NAME	_ , _
NAME			4.3 STREET ADDRESS	
STREET ADDRESS			4.4 CITY-ST-ZIP	
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
TITLE		_ 5222.0	5.2 NAME	~ , _ ,
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	~
			6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	
CITY-ST-ZIP	1			

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 through 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 of 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 changes of an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90253 042 ***150.00