FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H27787

(1)

RONALD H. BRIMMELL P.A.

Principal Place of Business Mailing Address					<u> </u>	HOEF ELDIF GROUP BUDIL	B1910 DIB10 BIBH 1891	
1200 N. FEDE	ral Highway	SUITE 200	••••					
BOCA RATON FL 33432		BOCA RATON FL 3343	BOCA RATON FL 33432		·		of Last Report /20/1995	
2. Principal Piac	ce of Business	2a. Mahing Address			4. FEI Number		Applied For	
21		26		59-2542664		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required		
City & State		City & State	City & State		6. Flection Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		Added to Fees	
Zip	Gountry	Zφ	Count	iry	8. This corporation has liability for in Florida Statutes Yes	ntangible tax und	der s. 199.032,	
24	25	[29]	30		Florida Statutes Yes 10. Name and Address of New R			
	g. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New A	egistered Agen		
			`					
	L, RONALD H.		82 Street Ad		dress (P.O. Box Number is Not Acceptab	le)		
721 VIA			-	33				
DEERFIE	LD BEACH FL 33441		(,3				
			Ε	City		FL B5	Zip Code	
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florid n, and accept the obligations of Section Signature typotor professional acting deed agent	ia Such change was authoris on 607,0505, Florida Statute and the taggle able ————————————————————————————————————	Zed by the co G OTE Beginner A	rporation's bo	oration submits this statement for the pur and of directors. I hereby accept the approximation of the companies of the compan	DATE		
12.	OFFICERS AND	DELETE	13.	···	ADDITIONS/CHANGES TO OFF	CENS AND DIN		
TITLE	Db		1. 1 1(1)	l	•		ange [] Add ton	
NAME	BRIMMELL, RONALD H.		1 2 NAN	1				
STREET ADDRESS	22184 BOCA RANCHO DR. BOCA RATON FL			EET ADDRESS				
CITY - ST - ZIP	BOCK RATON FL	☐ DELETE	2 1 1)1	r - \$1 - ZIP		[] Ch	ange	
TITLE			2 2 NAM				· _	
NAME CLOCKE ADDRESS				EET ADDRESS				
STREET ADDRESS				Y - SI - ZIF				
CITY - ST - ZIP TITLE		DELETE	3 1 111			Cr	ange 🔲 Addition	
NAME		L	3.2 NA		4.		1	
STREET ADDRESS				REEL ADDRESS				
CITY-ST-ZIP				Y - ST - Z:P				
TITLE		☐ DELETE	4 . 11,			☐ Cr	nange 🔲 Addition	
NAME			4.2 NA	Μŧ				
STREET ADDRESS			4.3.STF	EFT ADDRESS			·	
CITY-ST-ZIP			4 4 CIT	Y - ST - ZIP				
TITLE		☐ DELETE	5 1 111	LF		☐ CH	nange 🔲 Addition	
NAME			5.2 NA	Mt.				
STREET ADDRESS			5 3 S I I	REEL ADDRESS				
CITY-ST-ZIP			5401	Y - ŞT - ZIP				
TITLE		☐ DELF1€	6 1 113	LE		☐ Ci	nange	
NAME			6.2 NAI	ME				
STREET ADDRESS			63516	HEE! ACORESS				
CITY - ST - ZIP			6.4 CH	Y - ST - 2IP				

14. Ido hereby certily that the information supplied with this filing is voluntarly furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

4/15/96 954427-7295