

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 # **H32382** (4)
1. Corporation Name
BRUMEL & COFFMAN, INC.

Principal Place of Business

**4816 CHARLES BENNETT DRIVE
JAX FL 32225
US**

Mailing Address

**P.O. BOX 11679
JAX FL 32339-1679
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1984		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2477202		Applied For Not Applicable	
22	City & State	27	City & State JAX, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
23	Zip	28	Zip 32239-1679	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COFFMAN, JAMES R. 4816 CHARLES BENNETT DRIVE JACKSONVILLE FL 32225				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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	
NAME	COFFMAN, JAMES	1.2 NAME	
STREET ADDRESS	4816 CHARLES BENNETT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	DIRECTOR / SECRETARY / VP
NAME	BRUMEL, SYLVIA	2.2 NAME	LUCEY, BONNIE
STREET ADDRESS	4816 CHARLES BENNETT DRIVE	2.3 STREET ADDRESS	12036 Hidden Hills Dr.
CITY-ST-ZIP	JAX FL	2.4 CITY-ST-ZIP	JAX, FLA 32225
TITLE	DT	3.1 TITLE	
NAME	COFFMAN, SHARON	3.2 NAME	
STREET ADDRESS	4816 CHARLES BENNETT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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, changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)