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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT # **J64792** 1. Corporation Name

BRIMCO INC.

Principal Place of Business

Katherine Harris

DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90003 003 ***150.00



% Barry S. S0 6531 Southwe Plantation Fl	ST 20TH COURT	% BARRY S. SCHUSSEL 6531 SOUTHWEST 20TH COURT PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 03/26/1987		
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
26					59-2786458 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired \$8.75 Additional Fee Required			
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip Cour 29 30		untry		8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Current					10. Name and Address of New Registered Agent		
				81	Name	me		
SCHUSSEL, BARRY S. 6531 SOUTHWEST 20TH COURT				82	Stree	eet Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33317				83				
•				84	City	City FL 85 Zip Code		
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was a ons of, Section 607.0505, Flo	orida Sta	ed by itutes.	the corp	ned corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered		
Origination, types of printed many of regions of specific and services of the					gistered Agent signature required when reinstating) OATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	PD OFFICERS AND	DELETE		TITLE		Change Addition		
Į	SCHUSSEL, BARRY S.	_		VAME				
NAME STREET ADDRESS	6531 SOUTHWEST 20TH CT				ADDRESS	FSS		
	`		CITY-SI					
CITY-ST-ZIP TITLE			TITLE	<u> </u>	☐ Change ☐ Addition			
NAME			NAME					
STREET ADORESS			2.3 STREET ADDRESS		ESS			
CITY-ST-ZIP			CITY-S	IT-ZIP				
TITLE		DELETE	3.1	TITLE		☐ Change ☐ Addition		
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADDRES:	ESS		
CITY-ST-ZIP	·		_	CITY-S	T-ZIP	(☐ Change ☐ Addition		
TITLE		C DELETE	4.1	TITLE		Change Li Adultion		

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

☐ Change

■ Addition

Addition