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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K27700 (9)
1. Corporation Name
BRUCKNER & BRUCKNER, INC.



Principal Place of Business
4982 N PINE ISLAND ROAD
FT LAUDERDALE FL 33351
US

Mailing Address
4982 N PINE ISLAND ROAD
FT LAUDERDALE FL 33351-5314
US

3. Date Incorporated or Qualified 07/06/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0060177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BRUCKNER, MITCHELL W
660 GREEN RIVER LN
DAVE FL 33325

10. Name and Address of New Registered Agent

81 Name BRUCKNER MITCHELL W.
82 Street Address (P.O. Box Number is Not Acceptable)
83 10766 NW 21 PLACE
84 City CORAL SPRINGS FL 85 Zip Code 33071

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 *Mitchell W. Bruckner* MITCHELL W. BRUCKNER, PRES. 1/2/97
Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCKNER, MITCH	1.2 NAME	
STREET ADDRESS	660 GREEN RIVER LN	1.3 STREET ADDRESS	10766 NW 21 PLACE
CITY-ST-ZIP	DAVE FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCKNER, GERI	2.2 NAME	
STREET ADDRESS	660 GREEN RIVER LN	2.3 STREET ADDRESS	10766 NW 21 PLACE
CITY-ST-ZIP	DAVE FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *Mitchell W. Bruckner* MITCHELL W. BRUCKNER, PRES. 1/2/97

CR2E034 (9/96)