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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K68907

1. Corporation Name

BRER FOX OF DUNEDIN, INC.

, .								
Principal Place		Mailing Address					I WINIT BIRTI NIBIL R	(B)
100 N TAMPA S	~* \	100 N TAMPA ST						
SUITE 2675		SUITE 2675						
TAMPA FL 33602		TAMPA FL 33602				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed 02/28/1989		
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ар	plied For
21	acc of Basiliess	26				59-2934670		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-			\$8.75 A	dditional
22		27		-		5, Certificate of Status Desired	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	_	ountry		8. This corporation owes the current year l		
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registere	a Agent	
SARI	CIA, MARTIN L			"				
	N TAMPA ST SUITE 2675	٠. ٠		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE				83		18 P.	à.	
IAMI	PA FL 33602			84	City	Section Control of the Control of th	85 Zip (
							-	
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office or re	egistered agent, or both, in the State	of Florida. Such change was a	iuthoriz	ed by t	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its jointment as re	registered gistered
office or re	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	iuthoriz	ed by t	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its jointment as reg	registered gistered
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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 changes on an attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90141 031 ***150.00