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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75998

1. Corporation Name

BRUCON CORPORATION

Principal Pl	ace of Business
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FILED

Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90019 037 ***150.00



	ace of Business	Maning Address			• •		
6478 N.W. 63		. 6478 N.W. 63 WAY			,		
PARKLAND FL	L 33067	PARKLAND FL 33067		•	DO NOT WRITE IN	THIS COACE :	
					3. Date Incorporated or Qualifed		```````
	•				03/28/1989		ti e
a Bringing	Place of Business	2a. Mailing Address	,	 	4. FEI Number	1 14	
 i	riace of business	<u> </u>			"	<u> </u>	plied For
Suite, Apt	1 # ata	Suite, Apt. #, etc.			65-0111683		ot Applicable
— · ·	n. #, etc.	Suite, Apr. #, etc.			5. Certifcate of Status Desired-	\$8.75	Additional equired
City & Sta	ata	City & State		•			<u>'</u>
— · .	al o	— · · ·			6. Election Campaign Financing		May Be
Zip	Country	28 Zip	Coun	tne	Trust Fund Contribution	Added	to rees
一 ·	25	—	Country		8. This corporation owes the current year Intangible Personal Property Tax.		□No
24	9. Name and Address of Curre	29	30		Personal Property Tax. 10. Name and Address of New Registe		7 140
 	9, Name and Address of Cure	aur vedisteien Adeur	- ,	B1 Name	10. Name and Address of New Registe	neu Agent	
· LA	GALA, BRUNO	•	· [Hame		•	
	78 N.W. 63 WAY		. [7	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	RKLAND FL 33067	•	. <u> </u>	B3	44 97 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Carte at a contract	
	TINE WE TE GOOD!	,	' '	83			
			ļ.	B4 City	1 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	85 Zip	Code
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SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NC	OTE: Registered A		od when reinstating); DAT		<u>31.1:</u>
12.	Signature, typed or printed name of registered as	gent and title if applicable. (NC	OTE: Registered A	gent signature require	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
12. TITLE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NC	TE: Registered A	gent signature require			PRS IN 12
12. TITLE NAME	Signature, typed or printed name of registered eg OFFICERS A DP LA GALA, BRUNO	gent and title if applicable. (NC	13. 1.1 TITL 1.2 NAM	gent signature require	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
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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 changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

Change

Addition