

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90072 014 ***150.00

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DOCUMENT # L13264

1. Corporation Name
BRIAN NEIMAN, INC.

Principal Place of Business

2417 AQUA VISTA
FT. LAUDERDALE FL 33301

Mailing Address

2417 AQUA VISTA
FT. LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1989

4. FEI Number
65-0144574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1449 SE 14TH Street

Suite, Apt. #, etc.

22 City & State

23 Ft LAUDERDALE FL

24 Zip 33316 25 Country

2a. Mailing Address

26 1449 SE 14TH Street

Suite, Apt. #, etc.

27 City & State

28 Ft LAUDERDALE FL

29 Zip 33316 30 Country

9. Name and Address of Current Registered Agent

NEIMAN, BRIAN
2417 AQUA VISTA
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Brian NEIMAN

82 Street Address (P.O. Box Number is Not Acceptable)
1449 SE 14TH STREET

83

84 City Ft LAUDERDALE FL 85 Zip Code 33316

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 reinstating)

DATE

4/28/99

12.

OFFICERS AND DIRECTORS

TITLE PST
NAME NEIMAN, BRIAN
STREET ADDRESS 2417 AQUA VISTA
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME BRIAN NEIMAN
1.3 STREET ADDRESS 1449 SE 14TH STREET
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33316

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

934-764-8163

Daytime Phone #

CR2E034 (1/98)