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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90023 043 ***150.00

DOCUMENT # L84487 1. Corporation Name

٠.	BROTHERS, INC.	,				<u>.</u>				
Principal Plac	e of Business	Mailing	Address							
9739 W. BROW PLANTATION F	ARD BLVD	9739 W. Planta	BROWARD BLVD TION FL 33324				DO NOT WRITE II	N THIS SPACE		
			:				3. Date Incorporated or Qualifed			
							06/28/1990			
	N	2a Ma	iling Address				4. FEI Number		Applie	ed For
2. Principal Place of Business		26					65-0208589		Not A	pplicat
Suite, Apt.	# etc		te, Apt. #, etc.				5. Certificate of Status Desired	¥ - · ·	5 Add	
22	f'	27		_			5. Certificate of Status Best of	Fee	Requ	
City & Sta	te		y & State				6. Election Campaign Financing		00 ма	
13		28					Trust Fund Contribution	Add	ed to F	ees
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible				
24	25	29		30			Personal Property Tax. 10. Name and Address of New Regi			
	9. Name and Address of Cur	rent Registere	d Agent		81	Name	IV. Maille allo Address of Hew Regi			
1471 1	TT DADEDT A				1			 		
	ITE, ROBERT A.			ſ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	1 UNIVERSITY DR			-	83					11 3 6
SUITE 600 CORAL SPRINGS FL 33071									1 11	
CO	MAL SEMINOS I E SSOI I			ĺ	84	City		FI 85	Zip Co	ae
office or agent. I SIGNATURE							oration submits this statement for the pur on's board of directors. I hereby accept the d when reinstating)	DATE		
12.		AND DIRECT		42						
TITLE				13.						
	PD ·-		☐ DELETE	1.1 TIT	LE,		ADDITIONS/CHANGES TO OFFICE	□ Cha		
NAME	ALFANO, JOSEPH			1.1 TIT 1.2 NA	ME.					
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14. I hereby certify that the information supplied with this filling 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 by 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 cooperation or the receiver or trystee emplowered 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 any address, with all other like empowered.