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Mailing Address 819 STRAWBRIDGE

MELBOURNE FL 32901

**PROFIT** CORPORATION ANNUAL REPORT

1999

BRUNO & BRUNO, INC.

1. Corporation Name

Principal Place of Business

819 STRAWBRIDGE

MELBOUBNE FL 32901

DOCUMENT # M00117



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90099 025 \*\*\*150.00

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### DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.   Status Desired   Status D	ulired May Be Pees No ode egistered
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. El Po Boy 3 L 11 S 2. Suite, Apt. #, etc. 2. DELABOURNE BEACH 27 2. City & State 2. City & State 2. City & State 2. El Po Country 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. DELBOURNE BEACH 27 2. Country 2. Suite, Apt. #, etc. 3. Fee Req 2. City & State 3. Fee Req 3. Fee Req 4. Election Campaign Financing Trust Fund Contribution Added to Fee Req 4. State Country 5. Country 6. Election Campaign Financing Trust Fund Contribution Added to Fee Req 6. Election Compaign Financing Trust Fund Contribution Countribution Added to Fee Req 6. Election Compaign Financing Trust Fund Contribution Countribution	Applicable dditional quired May Be Pees No ode egistered istered
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BRUNO, ROSALIE 105 LAROSTA ST. C-5 MELBOURNE BCH. FL 32951  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 reoffice 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typad or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME BRUNO, ROSALIE STREET ADDRESS CITY. ST. ZIP  MIAMI-FL  MELBOURNE B. FL  12. TITLE  Change  Change  Change  Change	ode registered istered
BRUNO, ROSALIE 105 LAROSTA ST. C-5 MELBOURNE BCH. FL 32951  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 reoffice 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  DRIE  DRIAN  BRUNO, ROSALIE STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MANH PL  MELBOURNE B.F.  J Change  Change  Change	ode registered istered
BRUNO, ROSALIE 105 LAROSTA ST. C-5 MELBOURNE BCH. FL 32951  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Co  85 Zip Co  86 City FL 85 Zip Co  87 City FL 85 Zip Co  88 Dispersion of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its round of corporation of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Co  85 Zip Co  85 Zip Co  86 Number is Not Acceptable)  86 Zip Co  86 Number is Not Acceptable)  86 Zip Co  87 Number is Not Acceptable)  87 Zip Co  88 Number is Not Acceptable)  88 Zip Co  88 Number is Not Acceptable)  89 Zip Co  89 Number is Not Acceptable)  89 Zip Co  80 Number is Not Acceptable)  89 Zip Co  80 Number is Not Acceptable)  81 Number is Not Acceptable)  89 Zip Co  80 Number is Not Acceptable)  80 Zip Co  80 Number is Not Acceptable)  81 Number is Not Acceptable)  82 Zip Co  83 Number is Not Acceptable)  84 City  85 Zip Co  85 Zi	registered istered
BRUNO, ROSALIE  105 LAROSTA ST. C-5  MELBOURNE BCH. FL 32951  82 Street Address (P.O. Box Number is Not Acceptable)  83   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 rounding 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 regingent. 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  BRUNO, ROSALIE  STREET ADDRESS  CITY-ST-ZIP  MIAMI-FL  MELBOURNE B.FL  14. CITY-ST-ZIP  14. CITY-ST-ZIP  Change  Change	registered istered
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 reorgistered 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 regingent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tritle of applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  DELETE  1.1 TITLE  DP  Change  Change  Change  Change  Change	registered istered
MELBOURNE BCH. FL 32951  83  84 City  FL  85 Zip Co  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 representation of the provisions of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature, typad or printed name of registered agent and title of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  DELETE  1.1 TITLE  DP  NAME  BRUNO, ROSALIE  STREET ADDRESS  8545 SW-66TH STREET FOS LACOSTA ST.C-S  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI-FL  MELBOURNE B.FL  1.4 CITY-ST-ZIP  Change  Change	registered istered
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 red 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 region 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 inte if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DP  NAME  BRUNO, ROSALIE  STREET ADDRESS  8545 8W 66TH STREET LOS LACOSTA ST.C.5  13 STREET ADDRESS  RELIBOURNE B.FL  14 CITY-ST-ZIP  Change  Change	registered istered
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and interference agent a	RS IN 12
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	
12.         OFFICERS AND DIRECTORS         13.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR           TITLE         DP         □ DELETE         1.1 TITLE         □ Change           NAME         BRUNO, ROSALIE         12 NAME         12 NAME           STREET ADDRESS         8545 3W 60TH STREET   0 ≤ LACOSTA ST.CS         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI-FL         MELBOURNE B.FL         14 CITY-ST-ZIP           TITLE         3 2 9 5 / □ DELETE         21 TITLE         □ Change	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	

reflectly certify that the information supplied with this limits does not quality for the exemption stated in Section 1.19.07(5)(f), Fibrida 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:

Date

Daytime Phone #