

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # M89992

(5)

1. Corporation Name

BROTHERS MGMT. CORP.



Principal Place of Business

P.O. BOX 290285
TAMPA FL 33687

Mailing Address

P.O. BOX 86692
ST. PETERSBURG FL 33738
US

3. Date Incorporated or Qualified
07/18/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 19304 GOLF BLVD

26 SAME AS ABOVE

4. FEI Number

58-1843218

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No *none up office*

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, MARVIN
10948 N. 56TH STREET
SUITE 203
TAMPA FL 33617

P.O. Box 86692
St. Pete, FL 33738
US

81 Name MARVIN NEWMAN

82 Street Address (P.O. Box Number is Not Acceptable)

P.O. Box 86692

N/A

84 City ST. PETE

FL

85 Zip Code 33708

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

Marvin Newman

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *Pres*
NAME DP
STREET ADDRESS NEWMAN, MARVIN
CITY-STATE-ZIP 10948 N. 56TH STREET, SUITE 203
TAMPA FL 33617

1.1 TITLE *Pres*
1.1 NAME DP
1.2 NAME NEWMAN MARVIN
1.3 STREET ADDRESS P.O. Box 86692
1.4 CITY-STATE-ZIP ST. PETE, FL 33738

TITLE
NAME MARVIN NEWMAN
STREET ADDRESS P.O. Box 86692
CITY-STATE-ZIP St. Pete, FL 33738

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Marvin Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

DATE

813-393-2930

DAYTIME PHONE #

CR2E034 (12/95)

13-18-1996