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

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



U.W. BRUNNER INC

Mailing Address

FLOR DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90230 050 ***158.75

DOCUMENT # PO7797

481 RAUEN WOT

14 DAKEY CT 5760 SHIRLEY ST NEW HAKTKORD SUITE 15 BLOCZ DO NOT WRITE IN THIS SPACE NAPLES, FL 34109 NY 13413 2. Principal Place of Business 2a. Mailing Address Applied For 16-095 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip___ Country 8. This corporation owes the current year Intangible ∠Yes □No 25 29 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY Name Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST SUITE 105 THURANASE FL. 32301 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. P70 □ DELETE 1.1 TITLE ☐ Change TITLE 12 NAME NAME BRUNNER, JACKW, 8997 TIBBITTE ROPE 1.3 STREET ADDRESS CITY-ST-ZIP NEW HORTERON, N. 4. 13413 1.4 CITY-ST-ZIP 52) DELETE Change Addition TITLE 2.1 TITLE BLUNNER, MAKEIRS. 8937 TIBBITES KOM 2.3 STREET ADDRESS STREET ADDRESS NAJ GARGEDRO, N.Y. 13413 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE 3.1 TITLE BKUNNER, PETEK T. 32 NAME

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP 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 of 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:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

TITLE

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

□ DELETE

☐ DELETE

CR2E034 (11/98

Change

☐ Change

Change

☐ Addition

☐ Addition

Addition