

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  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90115 046 \*\*\*150.00

DOCUMENT # P25483

1. Corporation Name  
BRCMC, INC.

Principal Place of Business  
WOODLAND FALLS CORPORATE PARK  
210 LAKE DR., EAST, SUITE 200  
CHERRY HILL NJ 08002

Mailing Address  
% BLANK, ROME, COMISKY & MCCAULEY  
1200 N. FEDERAL HWY., #309  
BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1989

4. FEI Number

22-2981580

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 C/O Blank Rome Comisky & McCauley, Inc.

27 Suite, Apt. #, etc.

27 Suite 417

City & State

28 Boca Raton, Florida

Zip

29 33432

Country

30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

LEEDS, MICHAEL H  
1200 N. FEDERAL HIGHWAY  
STE 309  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Leeds, Michael H.

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

1200 N. Federal Highway

83

Suite 417

84 City

Boca Raton,

FL

85 Zip Code

33432

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME RUTTENBERG, FRED A  
STREET ADDRESS 210 LAKE DR. E. #200  
CITY-ST-ZIP CHERRY HILL NJ

TITLE VPD ☐ DELETE

NAME LEEDS, MICHAEL H  
STREET ADDRESS 1200 N. FEDERAL HWY., #309  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE STD ☐ DELETE

NAME WEINSTEIN, STEVEN D.  
STREET ADDRESS 210 LAKE DR. E. #200  
CITY-ST-ZIP CHERRY HILL NJ

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-99

561-417-8100

CR2E034 (11/98)

0340663