FILED

Mar 01, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P92000004612

BRONSO	N & WHALEN INVESTMENT	S, INC.			
Principal Place	of Business	Mailing Address			911); 010;10 01101 11 0 ;0 11 3 1 \$60;
	RONSN MEMORIAL HWY	2542 E IRLO BRONSON MEM KISSIMMEE FL 34744	ORIAL HWY		
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 11/15/1992	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3152055	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Guidas Bosinos	Fee Required
City & State	3	City-& State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	
24	25	29 30	<u> </u>	Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
550	HOON CHARLES D		81 Name (INDY BRONSON	į
BRONSON, CHARLES R			82 Street Ad	dress (P.O. Box Number is-Not Acceptable)	
2542 E IRLO BRONSON MEMORIAL HWY			82 Street Ad	dress (P.O. Box Number is Not Acceptable) 2 E. TRUO (5 KONSON) Me	emorial Huyl
KISSIMMEE FL 34744			83		()
					Tes Zin Code
			84 City \	ssimmee FL	85 Zip Code 34 744
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, Elorida, Such change was auth	the above-named con orized by the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	nanging its registered
agent. I ar	n amiliar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	1 00 /	a 0.
 SIGNATURE!	('IMCL) VXL	1 hours		1-20-	19
(Signature, typed or printed hame of registered agent :		egistered Agent signature requi		D DIDECTORS IN 40
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	P C C C C C C C C C C C C C C C C C C C	DELETE	1.1 TITLE		C Criarge
NAME	BRONSON, CHARLES R		1.2 NAME		
STREET ADDRESS	2542 E IRLO BRONSON MEMOI	RIAL HWY	1.3 STREET ADDRESS		i
CITY-ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	,	Change Addition
NAME	BRONSON, CINDY M.	'	2.2 NAME		Ì
STREET ADDRESS	2542 E IRLO BRONSON MEMOI	RIAL HWY	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BRONSON, TIMOTHY		. 3.2 NAME		
STREET ADDRESS	2542 E IRLO BRONSON MEMOI	RIAL HWY	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CITY-ST-ZIP		
TITLE		□ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		•
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FFICER OR DIRECTOR

407-846-02-10

Change

Addition