SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT CORPORATION** ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

BRUMIC DESIGNS, INC.

**FILED** Jun 18, 1996 08:00 AM **Secretary of State** 1 | 100||140 | 140 | 1010 | 1011 | 1011 | 1011 | 1011 | 1011 | 1011 | 1014 | 1014 | 1014 | 1014 | 1014 | 1014 |

Principal Plac	e of Business	Mailing	Address			I INGIANA IIA MIAN ANA ANA ANAKA ANAKA	1 8 <b>9</b> (1) <b>89</b> (8) 1	NEKI EDIRI ID		
4450 SW 61 BAY 12	AVE		W 64TH AVE #206 FL 33314							
DAVIE FL 33 US	314					<ol> <li>Date Incorporated or Qualified 01/21/1993</li> </ol>	1	of Last F 2 <b>3/1995</b>	· ·	
2. Principal F	Place of Business	2a. Ma	ing Address			4. FEI Number			pplied For	-
21		26				65-0381586			lot Applicab	le
Suite, Apt	#, etc	27 Suil	e, Apt. #, etc.			5. Certificate of Status Desired			Additional tequired	
City & Sta	le		& State			6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
<b>23</b> Ζφ	Country	Zip		Count		8. This corporation has liability for i	ntangible ta	x under s	s 199 032	
	25	29	[3	30	Ť	Florida Statutes	Yes 🗍	No.		
24	g. Name and Address of Curr					10. Name and Address of New Re-	gistered A	gent		
				8	1 Name					-
	AIKSNIS-TELGEN, MICHELE			8	2 Street Add	dress (P.O. Box Number is Not Acceptab	le)			
	090 SW 64TH AVE #206 AVIE FL 33314									
U.	AVIE FL 33314			8	3					
				8	4 City		FL	85 Zq	Code	
	il to the provisions of Sections 607.0 reg stered agent, or both, in the Str am familiar with, and accept the ob					poration submits this statement for the put- tion's board of directors. I hereby accept	rpose of c the appoir	hanging i ntment as	ts registered registered	ĺ
SIGNATURE	Signature Types or protest name of registered	a make a standard	cable (NOI)	Registers 14	Agent signature regi	ared when reinstiting)	[)4TE			
12.		AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND			
TITLE	PSD		DELETE	13.600	E		L	Change	: Additi	OP
NAME	TELGEN, DONALD B			1.2 NAM	IE .					
STREET ADORESS				1.3 STRI	EET ADDRESS					
DITY-ST-ZIP	DAVIE FL			1.4 CITY	-\$1-ZIP			1 2.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
THLE	VPTD		DELETE	2 1 T TE	Ę		L.	_] Changa	e Addit	gn
NAME	WAKSNIS-TELGEN, MICHE	ELE		2.2 NAM	1i					
STREET ADDRESS	5090 SW 64 AVE., #206			2.3 STR	FFT ADDRESS					
CITY - ST - ZIP	DAVIE FL				Y ST-20F		<del>-</del> -	Chana	e Addit	tion
TITLE			DELETE	3 1 TIFL	Ε		L.	Change	a [ ] warm	1691
NAME				3.2 NAM	d <del>i</del> "					
STREET ADORES	s			3.3.STR	EET ADDRESS					

64 CITY ST-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 arm an officer or threetor of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

4.1 TITLE

4.2 NAME

5 1 TILE

5.2 NAME

6 1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADORESS

5 4 CITY - ST - ZIP

4 4 CITY - ST - ZIP

SIGNATURE:
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CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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6-15-96 954-584-2556

Change Addition

Change Addition

Change Addition