OTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT RPORATION **UAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF COMPORATIONS

JMENT# P93000024400 |

ION BROS, COMPANY

ace of Business

Mailing Address

Sep 10, 1999 8:00 am Secretary of State



09-10-1999 90007 001 *1,100.00



TH ST. ERDALE FL 33304	603 N.E. 13TH ST. FORT LAUDERDALE FL	33304	DO NOT WRITE IN THIS S	PACE
			3. Date Incorporated or Qualified 03/31/1993	
Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		<u>59-2166389</u>	Not Applicable
. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country 25	Zip 29	Country 30	This corporation owes the current year Intangible Personal Property.	Yes No
9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered A	gent
		81 Name		
ORONEY, JOHN F JR. 03 N.E. 13TH ST.		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
ORT LAUDERDALE FL 33304		83		
		84 City	FL	85 Zip Code
r registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was digations of, section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpose of characteristics board of directors. I hereby accept the appoint	ment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOT OFFICERS AND DIRECTORS			Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D		13. 1.1 TITLE	ADDITIONS/GITATOES TO GIT TOERIG AND	DIRECTORS IN 12 Change Addition
MORONEY, JOHN F JR.	L DELETÉ	1.2 NAME		Z Cuaride T Vagurou
603 N.E. 13TH ST.		1.3 STREET ADDRESS		LO LO
FORT LAUDERDALE FL 33304				8
TOTT ENOBERDADE TE SO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
	- f Dereis	2.2 NAME		
		2.3 STREET ADDRESS	~ ·	·
4		2.4 CITY-ST-ZIP		_
	DELETÉ	3.1 TITLE		Change Addition
		3.2 NAME		-
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
	DELETE	4.1 TITLE		Change Addition
		4.2 NAME		
; }		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
	DELETE	5.1 TITLE		Change Addition
		5.2 NAME		
;		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
	DELETE	6.1 TITLE	L	Change Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
1		6.4 CITY-ST-ZIP		

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 don 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 or 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 12 or Block 13 if citanged of on an attachment with an address.

TURE: