


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

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000042752 (4)**

1. Corporation Name

BRUNA STORM PANELS, INC.

Principal Place of Business

**631 NE 45TH STREET
FT LAUDERDALE FL 33334**

Mailing Address

**631 NE 45TH STREET
FT LAUDERDALE FL 33334-3247**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/10/1993	3a. Date of Last Report 02/26/1996
21		26		4. FEI Number 65-0419897	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DONLEY, ROXANN M
631 NE 45 ST
FT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name **DONLEY JAMES B.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **631 NE 45 STREET**
84 City **FORT LAUDERDALE** FL 85 Zip Code **33334-3247**

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 *James B. Donley*
Signature is typed or printed name of registered agent and title if applicable.

Vice President

4/3/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEY, ROXANN M	1.2 NAME	
STREET ADDRESS	4410 NE 1ST TERRACE	1.3 STREET ADDRESS	3810 Houcks Road
CITY-ST-ZIP	POMPAHO BEACH FL	1.4 CITY-ST-ZIP	Monkton, Md. 21111
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEY, JAMES B	2.2 NAME	
STREET ADDRESS	267 NE 41 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPAHO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONLEY, VIRGINIA M	3.2 NAME	
STREET ADDRESS	1424 N.W. 49TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33083	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *James B. Donley* **REQUIRED** Vice Pres.

4/3/97

954-772-4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

0286137

CR2E034 (9/96)