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

FILED May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P93000076506 (3) BRUHANOV, INC. Mailing Address Principal Place of Business 3415 NW 27TH TERRACE 3415 NW 27TH TERRACE GAINESVILLE FL 32006 GAINESVILLE FL 32005 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1993 2. Principal Place of Business 2a. Mailing Address 59-3212066 21 26 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζiρ Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 rex. Vincent v 3415 NW 27TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32605** 83 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 typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change REX, VINCENT V 1.2 NAME 3415 NW 27TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL 32805** CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change TITLE 2.1 TITLE REX. GLADYS NAME 22 NAME 3415 NW 27TH TERRACE STREET ADDRESS 2.3 STREET ADDRESS GAINESVILLE FL 32605 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.17(1) 6 Change NAME 32 NAME 3.3 STREET ADDRESS 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.

SIGNATURE:

4/23/98

3.4. CITY-ST-ZIP

44 CITY-ST-ZIP

5.3 STREET ADORESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

41 TITLE

4. 2 NAME 4.3 STREET ADDRESS

51 THEF 5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

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NAME

Applied For

□ No

Zip Code

Addition

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Not Applicable