Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90146 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400017712

1. Corporation BRUDNY	'AND RABIN, P.A.	017712			 		
Principal Place of Business Mailing Address							
4830 W KENNEDY BLVD 4830 W KENNEDY BLVD							
SUITE 985 SUITE 985 TAMPA FL 33609 TAMPA FL 33609					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
•		•			03/08/1994		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21					59-3230760	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional
27				5. Centricate of Status Desired	Fee Rec	quired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25 29 30			Personal Property Tax. Yes No			□No
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Registere	d Agent	
PDI II	DNV MICHAEL I		81	Name			
BRUDNY, MICHAEL J			82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
4830 W KENNEDY BLVD STE 985 TAMPA FL 33609			_				
I MINI	FA FL 33009		83				
			84	City		85 Zip C	ode
				<u> </u>	F	— 1 1	
office or re	to the provisions of Sections of 3507,0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	iorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	<u> </u>	nt signature required			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PD	☐ DELETE	1.1 TITLE			Change	
NAME	BRUDNY, MICHAEL J		1.2 NAME				
STREET ADDRESS 4830 W KENNEDY BLVD STE 985				TADORESS			į
CITY-ST-ZIP	TAMPA FL 33669		1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	• • • • • • • • • • • • • • • • • • • •		2.1 TITLE		·		
NAME.	RABIN, BENNETT L	CO LILLIONNES	2.2 NAME				
STREET ADDRESS	-10107-US-19 N, SUITE-195 4	DOU WILLIAM	1	TADDRESS			,
CITY-ST-ZIP			2.4 CITY-5	ST- ZIP		Change	Addition
TITLE		■ □ DELETE	3.1 TITLE			☐ Augude	
NAME			3.2 NAME				
STREET ADDRESS	~		3.3 STREET ADDRESS				i
CITY-ST-ZIP			3.4. CITY- 5	ST-ZIP		Change	Addition
TITLE		☐ DECE LE	41 TITLE			criange	
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	i I - ZIP	<u> </u>	Change	Addition
TITLE		[] DECE IE	5.1 IIILE 5.2 NAME		•		
NAME				T ADDRESS	•		
STREET ADDRESS	REE! AZURESS		5.4 CITY-ST-ZIP				
CITY-ST-ZIP	1117-51-2IF		6.1 TITLE			Change	Addition
NAME		المتعدد ال	6.2 NAME				
NAME OTDEET ADODESS			4	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

S. Bruduy, Pres. 1/4/69 8/3/282-3355