FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:05

DOCUMENT # **P94000020955 (8)**

1. Corporation Name
J & E BRUHN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1510 S.E. 20TH COURT CAPE CORAL FL 33990	1510 S.E. 20TH COURT CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1949 CORAL POINT DRIVE
22: Suite, Apt. #, etc.
23: City & State: CAPE CORAL,
24: Zip: 33990 25: Country: FL

2a. Mailing Address
26: P. O. BOX 151202
27: Suite, Apt. #, etc.
28: City & State: CAPE CORAL
29: Zip: 33915 30: Country: FL

4. FEI Number: 65-0475820 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHLER-WOLF, CHRISTEL
1510 S.E. 20TH COURT
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name: BRUHN, ELLEN
82 Street Address (P.O. Box Number is Not Acceptable): 1949 CORAL POINT DRIVE
83:
84 City: CAPE CORAL FL 85 Zip Code: 33990

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: ELLEN BRUHN — Ellen Bruhn — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	BRUHN, JUERGEN H	12 NAME	BRUHN, JUERGEN H	
STREET ADDRESS	611 S.W. 26TH ST.	13 STREET ADDRESS	1949 CORAL POINT DRIVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	14 CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	BRUHN, ELLEN	22 NAME	BRUHN, ELLEN	
STREET ADDRESS	611 S.W. 26TH ST.	23 STREET ADDRESS	1949 CORAL POINT DRIVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	24 CITY-ST-ZIP	CAPE CORAL, FL. 33990	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: ELLEN BRUHN — Ellen Bruhn — Apr. 03-95 — (813) 574 2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #