

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 25 1996 8:00 am
Secretary of State

DOCUMENT # **P94000047649 (6)**

1. Corporation Name

BUILDING RESTORATION PROPERTY MAINTENANCE, INC.



Principal Place of Business

22
STE 12
OAKLAND PARK FL 33311
US

Mailing Address

601 NE OAKLAND PARK BLVD
STE 12
OAKLAND PARK FL 33311
US

3. Date Incorporated or Qualified
06/27/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **3700 N.W. 10TH AVE**

26 **SAME**

4. FEI Number
65-0501094

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 21**

27

City & State

City & State

23 **FT. LAUDERDALE, FL.**

28

Zip

Country

Zip

Country

24 **33309**

25 **U.S.A.**

29

30

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

10. Name and Address of New Registered Agent

BROWN, ROBERT S
3490 NW 37TH ST
FT LAUDERDALE FL 33309

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the corporation)

(Printed Registered Agent signature and position (if any))

DATE

12. OFFICERS AND DIRECTORS

TITLE **DST** ☐ DELETE
NAME **BROWN, ROBERT S**
STREET ADDRESS **3490 NW 37TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **P** ☐ DELETE
NAME **THIBODEAU, RICARDO J**
STREET ADDRESS **3490 NW 37TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Richard J. Thibodeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96

(954) 739-6220

Date

Telephone #

CR2E034 (12/95)