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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000049278

1. Corporation Name

BRAINSTORM DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address								
817 NW 1ST ST 817 NW 1ST ST								
FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 US US						DO NOT WRITE IN TH	IS SPACE	
US US						3. Date Incorporated or Qualified		
						07/01/1994		ļ
2 Principal Pl	lace of Business	2a, Mailing Address				4. FEI Number	Ar	plied For
	ace of Dusiness	<u> </u>	26			65-0504488	<u> </u>	ot Applicable
Suite, Apt.	# etc.		Suite, Apt. #, etc.					Additional
22	A, 5.6.	27	¬ · · · ·			5. Certifcate of Status Desired	Fee Ro	equired
City & State	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
- 1	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
	DEIDED (ALM)			81	Name			
SCHREIBER, JOHN A				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
817				01100171001				
FOR	T LAUDERDALE FL 33311			83	-			-
				54	6 2		. 85 Zip	Code
				84	City	F		Code
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE:	Registered			oration submits this statement for the purpose on's board of directors. I hereby accept the ap	199	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DPVS	☐ DELETE 1.1				•	☐ Change	☐ Addition
NAME	OUT INCIDENT OUT IT			AME		·		
STREET ADDRESS	0.1. 1.1. 1.0.			TREET	ADDRESS			\
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STREET ADDRESS	• 11 1111 121 21			TREET	ADDRESS			
CITY-ST-ZIP			2.40	ITY-S	T-ZIP	<u></u>		- Addition
TITLE		☐ DELETE	3.1 TI	TLE		en e	Change	☐ Addition
NAME	•		3.2 N	AME				Į.
STREET ADDRESS			3.3 S	TREET	ADDRESS		•	İ
CITY-ST-ZIP				ITY-S	T-ZIP			#T + 4499
TITLE	•	DELETE	4.1 TI	TLE			☐ Change	Addition
NAME			4. 2 N	IAME			•	
STREET ADDRESS			4.3 S	TREET	ADDRESS			
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TITLE		☐ DELETE	5.1 T				☐ Change	Addition
NAME			5.2 N		İ	· .		
STREET ADDRESS					ADDRESS			{
CITY-ST-ZIP		_ _		my-s	T-ZIP			
TITLE		☐ DELETE	6.1 T				☐ Change	☐ Addition
ione .				AME				1
STREET ADDRESS			6.3 S	TREET	TADDRESS			ĺ

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 charged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

REQUIRED TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #