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

**PROFIT CORPORATION** ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P94000083741 (6)

BREWSTER & ASSOCIATES, INC.

Principal Plac	a of Rusinass	Mailing Address					
Principal Place of Business Mailing Address  801 BEACHWALK CIRCLE 601 BEACHWALK CIRCLE							
APT. L-204 APT. L-204							
NAPLES FL 33963 NAPLES FL 33963					DO NOT WRITE IN THIS SPACE		
					<ol> <li>Date Incorporated or Qualified</li> <li>11/14/1994</li> </ol>		
2. Principal P	tace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			36-3653433		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 341	Country 25	29 34108 3	Country	,	This corporation owes or has paid t Personal Property Tax due June 30.	′	ar Intangible
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Regis	tered Agent	
BR	ewster, harold o.		61	Name			
601 BEACHWALK CIRCLE 1204			62	Street Ad	dress (P.O. Box Number is Not Acceptable)		
NAPLES FL 34108			63				
			84	City		FL 85	Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta im familiar with, and accept the oblin Signature, typod or printed name of registered a	te of Florida. Such change was au igations of, Section 607.0505, Flori	thorized by da Statute	y the corpoi s.	orporation submits this statement for the purp ration's board of directors. I hereby accept the guired when reinstating)	he appointmer	nt as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PTD	• • =		-		☐ Cha	ange 🔲 Addition
NAME	District Indices o		1.2 NAME				
STREET ADDRESS	601 BEACHWALK CIRCLE	APT. L-204	1.3 STREET				
CITY-ST-ZIP TITLE	<u> </u>		1.4 CITY-S 2.1 TITLE	SI - ZIP		Cha	ange Addition
NAME			2.2 NAME			<u></u> 0,,,	
STREET ADDRESS			2.3 STREE	ADDRESS			
CITY-ST-ZIP	******		2.4 CITY-				
TITLE			3.1 TITLE			Cha	ange Addition
NAME	32		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			- Laure
TITLE	1		4.1 TITLE	ļ		☐ Cha	ange 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	ST-ZIP		Cha	ange Addition
TITLE			5.1 TITLE			الله الله	mås FI voquoji

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 of 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment min an address

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

**FILED** 

Apr 27 1998 8:00am

Secretary of State

# 48814881 448 48414 81834 88311 88314 88114 88144 88344 48344 48314 18811 81887 8181 1886