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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

•	1996	18.5	DIVISION OF C	ORPORATI	ON	IS				
1. Corporation	MENT # P950(BROS. INC.)001	1883 (2)							
								ARIU ARIU M		
Principal Place	of Business		ling Address							
7507 SO. TAMIAMI TRAIL STE 116 7507 SO. TAMIAMI TRAIL										
SARASOTA F			307 SO. TAMIAMI THAIL ARASOTA FL 34231	. 516 116						
							Date Incorporated or Qualified	2n Ooto	of Look D	
							02/10/1995	3a. Date	Di Last Pi	epon
2. Principal Place of Business			2a. Mailing Address				4. EFI Humber			Applied For
21		26	· · · · · · · · · · · · · · · · · · ·				67-011777	0		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
City & State			City & State				& Floring Compaign Financing			Required
23		28	0.0, 0.0.0				Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country		Zip	Country	1		8. This corporation has liability for	ntangible tax		
24	25	29		30			Florida Statutes			
	9. Name and Address of Curre	int Registe	ered Agent	81		Name	10. Name and Address of New F	egistered A	gent	
FIECK	DAHII W				ľ	varrie				
FLECK, PAUL W 7507 SO. TAMIAMI TRAIL STE 116				82	Street Address		s (P.O. Box Number is Not Acceptab	le)		
SARASOTA FL 34231			83	-						
					L					
				84		Dity		FL	1 '	p Code
11. Pursuant to	o the provisions of Sections 607.050)2 and 607.	1508, Florida Statutes,	the above-	nam	ned corporati	on submits this statement for the pur of directors. I hereby accept the app	2000 01 000	iging its r	egistered office
familiar with	h, and accept the obligations of, Sec	ction 607.05	505, Florida Statutes.	by the corp	ora	ition's board	or directors, i hereby accept the app	ointment as r	agistered	agent. I am
SIGNATURE .										
12.	Signature, typed or printed name of registered ago OFFICERS AI			Registered Ager	nt sig	yvature required wi	hen reinstating! ADDITIONS/CHANGES TO OFF	DATE CEDS AND	DIDECTO	DO IN 10
TITLE	DPT		DELETE	1.1 TITLE			ADDITIONO/OFFANGES TO OFF		Change	Addition
NAME	FLECK, PAUL W				1.2 NAME			_		
STREET ADDRESS	7507 SO. TAMIAMI TRAIL S	TE 116		1.3 STREET	ADO	DRESS				
City-S!-ZIP	SARASOTA FL 34231			1.4 CITY- 5	T-Z	P				
TITLE	DYTA		DELETE	2 1 TITLE					Change	☐ Addition
NAME	FLECK, PATTI JO	TT 446		2 2 NAME						
STREET ADDRESS	7507 SO. TAMIAMI TRAIL S	IE 116		2.3 STREET		i i				
CITY-ST-ZIP THILE	SARASOTA FL 34231		DELETE	2.4 CITY - S	1-ZI	IP.			C	
NAME			Croccit	3. 1 TITLE 3.2 NAME				L.	Change	☐ Addition
STREET ADDRESS				3.3 STREET	I ADI	ORESS				
CITY-ST-ZIP				3.4 CITY - S						
TITLE			☐ DELETE	4. 1 TITLE					Change	Addition
NAME				4.2 NAME				_		• •
STREET ADDRESS				4 3 STREET	ADD	DAESS				
CITY-SI-ZIP				4 4 City - S	T - ZI	IP		 		
TITLE			DEFE LE	5 1 TITLE			,		Change	Addition
NAME PIDEET ADDOESO				5.2 NAME						
STREET ADDRESS CITY-ST-ZiP				5.3 STREET		}				
TITLE			DELETE	5.4 CHTY-S 6.1 THE	1 - 13.	P		F~7	Change	Addition
NAME			بسو	6.2 NAME				ت	O. M. Bo	☐ Manifell
STREET ADDRESS				6.3 STREET	ADD	PRESS				
CITY - ST - ZIP				6.4 CITY - S		1				

14. I do hereby cert fy 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 of an attachment with an address.

SIGNATURE: _______

CR2E034 (12/95)