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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90215 005 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022588

1. Corporation Name
BRUDER ENTERPRISES, INC.

Principal Place of Business
9291 E BAY HARBOR DRIVE
#4-F
BAY HARBOR ISLAND FL 33154
US

Mailing Address
9291 E. BAY HARBOR DRIVE
#4-F
BAY HARBOR ISLAND FL 33154
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

65-0571534

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9600 COLLINS AVENUE

2a. Mailing Address

26 9600 COLLINS AVENUE

Suite, Apt. #, etc.

#1206

Suite, Apt. #, etc.

#1206

City & State

23 BAL HARBOR, FL

City & State

28 BAL HARBOR, FL

Zip

24 33154

Country

Zip

29 33154

Country

30

9. Name and Address of Current Registered Agent

PERLOW, JEFFREY M
% JEFFREY M. PERLOW & ASSOCIATES, P.A.
1820 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRUDER, BERNARD
STREET ADDRESS 9291 E. BAY HARBOR DRIVE #4-F
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

☐ DELETE

TITLE STD
NAME BRUDER, GENIA
STREET ADDRESS 9291 E BAY HARBOR DRIVE #4-F
CITY-ST-ZIP BAY HARBOR ISLAND FL 33154

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

9600 COLLINS AVENUE #1206
BAL HARBOR, FL 33154

1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

9600 COLLINS AVENUE #1206
BAL HARBOR, FL 33154

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

(305) 867-2264

Date

Daytime Phone #

CR2E034 (11/98)