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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Block 12 or Block 13 if changed or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # BRU-BAR, INC.

P95000061413 (7)

## **FILED** May 08 1998 8:00am Secretary of State



Detailed Disco. 4 D. Com.					-		
Principal Place of Business Mailing Address							
4131 U.S. HIGHWAY 1 4131 U.S. HIGHWAY 1 FORT PIERCE FL 34982 FORT PIERCE FL 34982							
TON1 FIEROE	FE 94302	FOR FIENCE PE 34302			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					08/08/1995		
	lace of Business	2a. Mailing Address			4. FEI Number	Αp	plied For
21 4/3/3	5 U.S. Hwy 1	26 4/31 5 V5 Hary 1			65-0601064	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 <i>A</i>	
22		27			C. Continuate of States Book Bo	Fee Re	quired
City & State	// · · · · · · · · · · · · · · · · · ·	City & State	•	E.	6. Election Campaign Financing	\$5.00	
23 FORT	THEREE, IL	28 FORT FIELD		16-	Trust Fund Contribution	7,0000	
Zip 244	\$2 Country ST. LUCIE-	Zip 24487-	Countr	Lucie	8. This corporation owes or has paid the		angible   ] No
24 777	9. Name and Address of Curren	المراجعة والمستحدين المراجعة والمراجعة والمستحددة	7 ح (30	COLIC	Personal Property Tax due June 30.  10. Name and Address of New Registe		7 100
IDV			8	I Name	10. Harris and the state of the		
IRWIN, BARBARA 5404 SEAGRAPE DR							
	PIERCE FL 34949		83	82 Street Address (P.O. Box Number is Not Acceptable)			
Ft	FIGNUE FE 34848		8:	3		<del></del>	
			84	City		FL 85 Zip (	Code
11 Pureuant t	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutos	the abou	/a-pamed corpo	oration submits this statement for the purpo		e renistered
office or re	egistered agent, or both, in the State	of Florida, Such change was au	thorized b	by the corporation	on's board of directors. Thereby accept the	appointment as	registered
	Doplailer II II.	itions/of/ Section 607.0505, Flori	ida Statute	es.			
SIGNATURE !	Signature, typed or protect name of registered agen	Transfer and a second states (NOU	Bonistered Ar	gent signature requirer	d when toinstation)	ATE	
12.	OFFICERS ANI		13.	gern bigrato e redimen	ADDITIONS/CHANGES TO OFFICERS		S IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	IRWIN, BARBARA		1.2 NAME				
STREET ADDRESS	5404 SEAGRAPE DR		1	T ADDRESS			
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-	ST-7IP			
TITLE		DELETE	2.1 TITLE	V		Change	Addition
NAME			2.2 NAME			-	
STREET ADDRESS			2.3 STRE8	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP			
TITLE	<u> </u>	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	- ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAMI	E			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CBY-	ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	the exem	ption stated in S	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information
Indicated officer or o	on this annual report or supplementa director of the corporation or the rece	i annual report is true <b>and a</b> ccui iver or trustee empower <b>ed t</b> o ex	rate and the recute this	nat my signature report as requi	e shall have the same legal effect as if mad ired by Chapter 607, Florida Statutes; and	ie under oath; tha that my name app	at i am an pears in