

FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000086211 (6)**

1. Corporation Name
BRUHN & MOORE, ATTORNEYS AT LAW, P.A.

Principal Place of Business
**209 ORANGE AVE.
FT. PIERCE FL 34950**

Mailing Address
**209 ORANGE AVE.
FT. PIERCE FL 34950**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 302 S 2nd St	26 302 S. 2nd St		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Ft Pierce, FL	28 Ft Pierce, FL		
Zip	Country	Zip	Country
24 34950	25	29 34950	30

3. Date Incorporated or Qualified 11/08/1995	
4. FEI Number 65-0332036	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MOORE, ALBERT B
209 ORANGE AVE.
FT. PIERCE FL 34950**

31 Name Albert Moore
32 Street Address (P.O. Box Number is Not Acceptable) 2384 SW Fern Cir.
33
34 City Port St Lucie
35 Zip Code FL 34953

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer 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 

DATE **2/25/98**

12. OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ALBERT B			NAME	Moore, Albert B		
STREET ADDRESS	209 ORANGE AVE.			STREET ADDRESS	302 S 2nd St		
CITY-ST-ZIP	FT. PIERCE FL 34950			CITY-ST-ZIP	Ft Pierce FL 34950		
TITLE	D	<input type="checkbox"/> DELETE		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUHN, JOHN D			NAME	Bruhn, John D		
STREET ADDRESS	209 ORANGE AVE.			STREET ADDRESS	302 S 2nd St		
CITY-ST-ZIP	FT. PIERCE FL 34950			CITY-ST-ZIP	Ft Pierce FL 34950		
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: 

DATE **2/25/98** **561-38A-1550**

CR2E034 (10/97)