Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90113 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000086211

1. Corporation Name

BRUHN & MOORE, ATTORNEYS AT LAW, P.A.

Principal Place of Business Mailing Address						- I (BB((BB)) ira (Brat Breir Boll) both or		#114# 31##1 H	(MB) (10) (00)
302 S 2ND ST		302S2ND ST							
FT. PIERCE FL	34950	FT. PIERCE FL 34950				DO NOT WRITE IN THIS SPACE			
us us						3. Date Incorporated or Qualifed			
						11/08/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21	100 01 20011000	26				65-0332036		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				T	_ \$	8.75 A	dditional
22	in the second	27				5. Certifcate of Status Desired		Fee Req	quired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00 N	May Be
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current			_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		 		10. Name and Address of New Reg	istered Age	nt	
				81 1	Name				
	DRE, ALBERT			82 5	Street Addre	ess (P.O. Box Number is Not Acceptable	1)		
	SW FERN CIRCLE								
POR	T ST LUCIE FL 34953			83					
				84 (City		8	35 Zip C	ode
<u>.</u>				<u> </u>			FL		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the a	bove-n	amed corpo	pration submits this statement for the pur n's board of directors. I hereby accept the	rpose of cha ne appointm	inging its r ent as reg	registered jistered
agent. I a	im familiar with and accept the obliga	ations of, Section 607.0505, F	lorida Stati	utes.	o oo porado				,
	/ / / .								
SIGNATURE	/ WL /	Alber	+ 1	<u>۸ ۵ ۵</u>			15016	<u></u>	
SIGNATURE	Signature byted or printed name of registered age	ent and title if applicable (NO	TE: Registered			when reinstating)	DATE		PS (N 12
12.	OFFICERS AI	ent and title if applicable (NO ND DIRECTORS	TE: Registered	Agent sk			ERS AND D	DIRECTOR	
12. TITLE	OFFICERS AI	ent and title if applicable (NO	TE: Registered 13.	Agent sk		when reinstating)	ERS AND D		RS IN 12
12.	D MOORE, ALBERT B	ent and title if applicable (NO ND DIRECTORS	TE: Registered 13. 1.1 TF	TLE	gnature required	when reinstating)	ERS AND D	DIRECTOR	
12. TITLE	D MOORE, ALBERT B 302 S 2ND ST	ent and title if applicable (NO ND DIRECTORS	TE: Registered 13. 1.1 TF 1.2 N/ 1.3 S1	TLE WE TREET AD	gnature required	when reinstating)	ERS AND D	DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AI D MOORE, ALBERT B 302 S 2ND ST FT. PIERCE FL 34950	ent and title if applicable (NO ND DIRECTORS	TE: Registered 13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CI	TLE WE TREET AD	gnature required	when reinstating)	ERS AND C	DIRECTOR Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AID MOORE, ALBERT B 302 S 2ND ST FT. PIERCE FL 34950 D BRUHN, JOHN D 302 S 2ND ST	ent and title if applicable (NO ND DIRECTORS DELETE	TE: Registered 13. 1.1 Tr 1.2 N/ 1.3 S1 1.4 Cl 2.1 Tr 2.2 N/ 2.3 S1	TLE AME TY-ST-ZI TLE AME	DORESS	when reinstating)	ERS AND C	DIRECTOR Change	☐ Addition
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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:

CITY-ST-ZIP

4/20/99

561-398-1550