Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90063 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090577

1. Corporation Name

CONNEL	LY BROTHERS, INCORPO	RATED							
Principal Place	e of Business	Mailing Address				- F 10041000 Firm ingspo 04985 mansa ontan mann mu		HILE HORIL HEAL HEAL And the state of the st	
2770 INDIAN RIVER BLVD. 2770 INDIAN RIVER BLVD. SUITE 323 SUITE 323 VERO BEACH FL 32960 VERO BEACH FL 32960						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 11/05/1996		į	
2. Deimoinal Di	lace of Business	2a. Mailing Address				4. FEI Number	11	Applied For	
2. Principal Fi	lace of pusitiess	26	Walling Fluctuses			65-0709790	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.0	00 May Be	
23 28						Trust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	Cou	intry	•	8. This corporation owes the current year	Intangible Yes	No	
24	25 29		30	30		Personal Property Tax.			
	9. Name and Address of Currer	nt Registered Agent		81	Name	ID. Haile and Address of New Registers	u Agont		
CON	INELLY, STEPHEN					(C.C. D., N. al. al. N.			
2770 Indian River BLVD.				82	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 323				83				İ	
VERO BEACH FL 32960				84	City	F	L 85 Z	ip Code	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized Iorida Stat	o by utes	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the ap	of changing pointment as	g its registered s registered	
	Signature, typed or printed name of registered age		_ - -	Ager	nt signature required		AND DIDE	TODO 111 40	
12.		ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS	Chan		
TITLE	D OTHER LAND OFFICE N		1.1 TF				C., Silan		
NAME CONNELLY, STEPHEN				1.2 NAME 1.3 STREET ADDRESS				j	
STREET ADDRESS 2770 INDIAN RIVER BLVD., SUITE 323 CITY-ST-ZIP VERO BEACH FL 32960				1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DELE		2.1 TI		1.771	3	☐ Chan	nge 🔲 Addition	
NAME			2.2 N	AME			•	ĺ	
STREET ADDRESS			2.3 S	TREET	TADDRESS			ĺ	
CITY-ST-ZIP				2.4 CITY-ST-ZIP					
TITLE	DELETE		3.1 ∏	3.1 TITLE			☐ Chan	ge 🗌 Addition	
NAME			3.2 N	AME				ļ	
STREET ADDRESS			- 4		TADDRESS				
C/TY-ST-ZIP	DELETE			3.4. C/TY-ST-Z/P			Chan	nge Addition	
TITLE		☐ DÉTEIE						90 (7.40)	
NAME			4.21						
STREET ADDRESS			4		T ADDRESS			1	
CITY-ST-ZIP TITLE	□ per str			4.4 CITY-ST-ZIP 5.1 TITLE			Char	nge Addition	
NAME			5.2 N				-		
STREET ADDRESS			5.3 S	TREET	T ADDRESS				
CITY-ST-ZIP			5.4 C	TY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TI	TLE			Char	nge 🔲 Addition	
			62 N	AME					

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or of each attachment with an address, with all size ilke empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

563-0566