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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000091965 (9) DOCUMENT #

BRUCE TEAM, INC.

FILED Mar 09 1998 8:00am Secretary of State



Maning Address Maning Address C/O CHRSTAN N SCHOLN S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAGLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 WEST PALM BEACH FL 33401 S05 SOUTH FLAFLER DRIVE. SUITE 1001 S05 SOUTH FLAFLER DRIVE. SUITE									
SOCINT FLAGER DRIVE. SUITE 1001 WEST PAIM BEACH FL 33401 2. Principal Piace of Business 2. 2a. Mailing Address 3. Date Incorporated or Qualified 11/0/4/1983 3. Date	,								,,,d, 2 ,,, ,20,
11/04/9968	505 SOUTH	FLAGLER DRIVE. SUITE 1001	506 SOUTH FLAGLER	506 SOUTH FLAGLER DRIVE. SUITE 1001			DO NOT WRITE IN THIS SPACE		
Suite, Apt #, etc.									
Suite, Apt F, etc. Suite, Apt F, etc.		■ `				<u> </u>		 	
City & State		. #, etc.						\$8.75	Additional
20									
25	23		ł ··· 1	28					
SCHOULN, CHRISTIAN N 505 SOUTH FLAFLER DRIVE SUITE 1001 WEST PALM BEACH FL 33401 192 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Socieons 607 0502 and 607 1508. Florids Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or hereby accept the appointment as registered agent. I am familiar with, and accept the obligators of Science 607 0509. Florids Statutes SIGNATURE Signature based or productione at large-to-state and applications of Science 607 0509. Florids Statutes POTI LET STATE DESCRIPTION OF STATE ADDITION					-ŋ ·				
SCHOUN, CHRISTIAN N 505 SOUTH FLAFLER DRIVE SUITE 1001 WEST PALM BEACH FL 33401 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code City Comparison of Sections 607 0002 int d 607 1008, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and acceptable obligations of, Section 607 0005, Florida Statutes. SIGNATURE Signature Description is selected protect force of the purpose of changing its registered sport agents with, and accept the obligations of, Section 607 0005, Florida Statutes. SIGNATURE Description is selected protect force of the protect force of the protect of the purpose of changing its registered sport agents are protect force of the purpose of changing its registered dependence of the purpose of changing its registered sport agents are protect force of protect force	24]								
SOS SOUTH FLAFLER DRIVE SUITE 1001 WEST PALM BEACH FL 33401 22 Street Address (P.O. Box Number is Not Acceptable) 43 Street Address (P.O. Box Number is Not Acceptable) 44 City FL 85 Zip Code 45 City FL 85 Zip Code 46 City FL 85 Zip Code 47 Street Address (P.O. Box Number is Not Acceptable) 48 City FL 85 Zip Code 49 City FL 85 Zip Code 40 City FL 85 Zip Code 40 City FL 85 Zip Code 41. Pursuant to the provisions of Sockions EG7 05.02 and 607.15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered sport. I and market with an address of the obstitution of Sockion 607 65.05, Florida Statutes, Florida Statutes, The above-named corporation's board of directors, I hereby accept the appointment as registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered sport. I and market with a purpose of changing lis registered of the purpose of changing lis registered of the purpose of changing lis registered by the corporation's board of directors, I hereby accept the appointment as registered sport. I and market with a purpose of changing lis registered by the corporation's board of directors, I hereby accept the appointment as registered sport. I and market with a purpose of changing lis registered by the corporation's board of directors, I hereby accept the appointment as registered sport. I and market with a purpose of changing lis registered purpose	- 90		an nogistored Agent		81	Name	10. Name and Address of New Hogesters	1 Wall	
SUTTE 1001 WEST PALM BEACH FL 33401 83 84 City FL 85 Zyp Code Office or registered agent, or the purpose of Charles Such change was authorized by the corporation submits this statement for the purpose of changing lite registered agent. I am familiar with, and oncept the oblightious of Socion 607 6565, Florida Statutes. The above-named corporation submits this statement for the purpose of changing lite registered agent agent a period agent and oncept the oblightious of Socion 607 6565, Florida Statutes. SIGNATURE Signature is part of productioned with product insent at the Plantic					92		on (P.O. Boy Number in Not Acceptable)		
TILE PURSUANT TO THE PROVISIONS OF Section SECT 05.02 and 607 15.08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, in 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, in 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, in 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, in 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, in 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, in both accepts and in the corporation's board of directors. I hereby accept the appointment as registered agent ag						Sireer Addre	ess (F.O. Box Number is Not Acceptable)		
TIL. Pursuant to the provisions of Sections 607 05/02 and 607 15/09, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered agent, are both, in the State of Florida Statutes, agent than familiar with, and accept the obligations of, Section 607 05/05, Florida Statutes. SIGNATURE Signature bysect or protect number of represent agent and for Project and	W	EST PALM BEACH FL 33401			83				
office or registroid agent, or both, in the State of Fonds Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Tem familiar with, and accept the obligations of, Socton 607 05.05, Florids Statutes. SIGNATURE 12.					84	City	F	85 Zip	Code
SIGNATURE Signature byselve productioner of ingrenoral agent and the if angigle and income of ingrenoral agent and the if angigle and income of ingrenoral agent and the if angigle and income of ingrenoral agent and the if angigle and income of ingrenoral agent and the if angigle and income of ingrenoral agent and the if angigle and income of ingrenoral agent and the if and income of ingrenoral agent and the income of ingrenoral agent and income of ingreno	11, Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obti	02 and 607,1508, Florida Statle of Florida Statle of Florida Such change wagations of, Section 607,0505,	lutes, the a is authorize Florida Sta	bove d by tutes	e-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing opointment as	Its registered s registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_								•
DELETE	40	Signature typed or printed name of repetition is	gent ned blic if applicable (N		d Age	ent signature require		ID DIDECTO	50 01 10
NIMME NIEMI, KA		T D OF ICE HS AI	DELETE		TIE		ADDITIONS/CHANGES TO OFFICERS AN		
STREET ADDRESS STORE STORE STORE STREET ADDRESS		NIEMI, KAI	CON PECCE					Onlingo	
CHY-ST-ZP LAKE WORTH FL 33460		1 '	APT. 104	104		ADDRESS			
TITLE		LAKE WORTH FL 33460							
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP TITLE			DELETE					Change	Addition
CITY-ST-ZIP	NAME			2.2 N	AME				
TITLE	STREET ADDRESS			2.3 5	TREET	ADDRESS			
NAME	CITY-ST-ZIP	<u></u>		2.40	HTY-9	ST-ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	TITLE		DELETE	3.1 1	TLE			☐ Change	Addition
CITY-ST-ZIP	NAME			3.2 N	AME				1
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE Change Addition NAME 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS			3.3 \$	TREET	ADDRESS			
NAME			T ALLES			ST-ZIP			
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP			L_J DELETE					Change	Addition
CITY-ST-ZIP									
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 52 NAME		1							1
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE			DELETE			ST- ZIP		Channa	Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE			ןן מכנגונ					mi cuanție	L AUGINON
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition						ADDRESS			
TITLE DELETE 6.1 TITLE Change Addition									
-			I DETETE			11-ZIP		Change	Addition
U.C. TARME			_ betti					Orange	EJ rodilion
STREET ADDRESS 6.3 STREET ADDRESS		1				Annpegg			l
STREET ADDRESS 6 A CITY, ST. 7IP 6 A CITY, ST. 7IP		1							

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 to stee employee 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 depending on the corporation of the corporation

SIGNATURE:

Kai Niemi