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

**PROFIT CORPORATION** ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## P96000095958 (0) DOCUMENT #

BROTHERS UNLIMITED, INC.

Principal Place of Business Mailing Address 7305 WEST WATERS AVENUE 7305 WEST WATERS AVENUE

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



TAMPA FL 33634 TAMPA FL 33634 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3413345 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pursuant for the SIGNATURE Signature, typed or printed name of registered agent and little if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ■ Addition 1.1 TITLE TITLE ABUOLEIM, NASR S 12 NAME NAME 7305 WEST WATERS AVENUE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE ABUALIM, ABDULLA S 2.2 NAME NAME 7305 WEST WATERS AVENUE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE \_\_\_ Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP Change DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Channe Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF 6.4 CITY-ST-ZIP

14. Thereby 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 open allachment with an address.

W28 48 83.885-6371