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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000042213**1. Corporation Name

B. AND R. MANAGEMENT, CORP.

									1883 1111 1881	
Principal Place of Business Mailing Address										
166 KEY HEIGHTS DR 166 KEY HEIGHTS DR										
#216 TAVERNIER FL	33070	#216 Tavernier FL 33070	•			DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
						05/13/1997				
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number		App	olied For	
21		26				65-0770863		Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22 27 City & State City & State						6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Countr	ry		8. This corporation owes the current year	ntangible			
24	25	29	30			Personal Property Tax.	Yes		□No	
2-1	9. Name and Address of Cu					10. Name and Address of New Registere	d Agent			
	•		8	1	Name					
ZINN	i, richard l		8:	-	Street Addr	ess (P.O. Box Number is Not Acceptable)				
166 KEY HEIGHTS DR				-	Sileet Addie	555 (F.O. BOX NUMBER IS NOT Acceptable)				
#216				3						
TAVERNIER FL 33070							Tost	Zip C	odo.	
			8	4	City	F	L 85	zip C	oue .	
SIGNATURE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOTE, F	Registered Ag	ent s	ignature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRE	ECTO	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	:			Ch:		Addition	
NAME	ZINN, RICHARD L 12		1.2 NAME	1.2 NAME						
STREET ADDRESS	400 MEN LICIOLITO DO		1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	TAVERNIER FL 33070		. 1.4 CITY-ST-ZIP		ZIP					
TITLE				2.1 TITLE			Ch	ange	☐ Addition	
NAME			2.2 NAME	E						
STREET ADDRESS			2.3 STRE	ETA	DORESS					
CITY-ST-ZIP			2. 4 CITY	-ST-	ZIP					
TITLE	☐ DELETE 3.1		3.1 TITLE	3.1 TITLE		·	☐ Cha	ange	☐ Addition	
NAME			3.2 NAME	E	1					
STREET ADDRESS			3.3 STRE	ETA	DDRESS					
CITY-ST-ZIP	3.4			3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 1111				Ch.	ange	☐ Addition	
NAME			4. 2 NAM	ΙE						
STREET ADDRESS			4.3 STRE	ETA	DORESS					
CITY-ST-ZIP			4.4 CITY		ZIP					
TITLE				5.1 TITLE			□Ch	ange	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS					DDRESS					
CITY-ST-ZIP			5.4 CITY		ZIP				CT Addition	
TITLE		☐ DELETE	6.1 TITLE	=			☐ Ch	ange	Addition	

CITY-ST-ZIP 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90222 025 ***150.00