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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700096110

1. Corporation Name

BRANLY FUGENE, INC.

| | EGGENE, INO. | | | | | | | |
|--|--|-------------------------------------|---|---|--|--|----------------------------|-------------------------|
| Principal Place | e of Business | Mailing Address | | | | - I #8011601 FIN 1914 1981 ADIL ANIL ANIL | # 18318 BIIG(11881 | 16061 46 11 6601 |
| 2636 EVERGLAI -MIRAMAR-FL | | 2636 EVERGLADES DRIVE MIRAMAR FL | ·• | | | DO NOT WRITE IN TH | SSDACE | |
| | | | • | | | 3. Date incorporated or Qualifed 11/07/1997 | | |
| Principal Place of Business Za. Mailing Address | | | | | 4. FEI Number | Ap | plied For | |
| 21 26 | | | | | 65-0799608 | No | t Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | .,, | | | 5. Certificate of Status Desired | \$8.75 A Fee Re | | |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | Added t | o Fees |
| Zip | Country | Zip | Coun | itry | | 8. This corporation owes the current year I | | |
| 24 | 25 | | 30 | | | Personal Property Tax. | | □No |
| | 9. Name and Address of Curre | nt Registered Agent | ١, | 81 N | lame | 10. Name and Address of New Registered | a Agent | |
| EUG | ene, Branly | | | | | | , <u>.</u> | · |
| 2636 EVERGLADES DRIVE | |) { | 82 5 | street Addre | ss (P.O. Box Number is Not Acceptable) | | | |
| MIKA | AMAR FL | | [8 | 83 | | | | |
| | | | ŀ | 84 (| City | F | 85 Zip C | Code |
| agent. I a | m familiar with, and accept the obligations of the obligation of t | ations of, Section 607.0505, Flori | ida Statut | les. | | s board of directors. I hereby accept the appropriate the specific property of the specific prop | | |
| 12. | | ND DIRECTORS | 13. | | | | | |
| TITLE | D | | 13. | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| NAME | - - | ☐ DELETE | 1,1 TITU | .E | | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | R\$ IN 12 |
| NAME | EUGENE, BRANLY | | _ | | | ADDITIONS/CHANGES TO OFFICERS A | | |
| STREET ADDRESS | EUGENE, BRANLY 2636 EVERGLADES DRIVE | | 1,1 T/TU 1,2 NAM | | DRESS | ADDITIONS/CHANGES TO OFFICERS A | | |
| | EUGENE, BRANLY | ☐ DELETE | 1.1 TiTu 1.2 NAM 1.3 STR | AE EET ADI /-ST-ZII | | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | ☐ Addition |
| STREET ADDRESS | EUGENE, BRANLY 2636 EVERGLADES DRIVE | | 1,1 TiTU 1.2 NAM 1.3 STRI 1.4 CiTY 2.1 TITU | AE EET AD (-ST-ZI E | | ADDITIONS/CHANGES TO OFFICERS A | | |
| STREET ADDRESS CITY- ST- ZIP | EUGENE, BRANLY 2636 EVERGLADES DRIVE | ☐ DELETE | 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM | KE EETADI (-ST-ZII E | | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | ☐ Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | EUGENE, BRANLY 2636 EVERGLADES DRIVE | ☐ DELETE | 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU | ME EET ADI (-ST-ZII E ME EEET AD Y-ST-ZI E | DRESS | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | EUGENE, BRANLY 2636 EVERGLADES DRIVE | ☐ DELETE | 1.1 TITU 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR: 2.4 CIT 3.1 TITU 3.2 NAM | ME EET ADI (-ST-ZII E ME ME EET ADI Y-ST-ZI E | DRESS | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change | Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | EUGENE, BRANLY 2636 EVERGLADES DRIVE | ☐ DELETE ☐ DELETE | 1.1 TITU 1.2 NAM 1.3 STR: 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STR: 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STR: 3.4 CITY 4.1 TITU 4.2 NAM 4.3 STR: 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STR: 5.3 STR: 5.3 STR: 5.4 STR: 5.5 NAM 5.5 | AE FET ADI FET ADI | DORESS P DORESS P DORESS DORESS | ADDITIONS/CHANGES TO OFFICERS A | ☐ Change ☐ Change ☐ Change | Addition 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 occupate 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 of the receiver or trustee exposured 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

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Date