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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## Apr 23 1998 8:00am Secretary of State

1. Corporation	ING BROTHERS, INC.	00097227 (7)	)			<u> </u>
Principal Plac	ce of Business	Mailing Address	ng Address		E SONSTAND EIR FRUSE CONT. BOTTO BOCK (NOTE) BOTT	8 10110 10010 (1010 11011 1011 1011
1861 TAYLO		1861 TAYLOR AVENUE				
WINTER PAR	K FL 32789	WINTER PARK FL 32789	)		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	IIO OF NOL
Ĺ					11/14/1997	
· · · · ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	M	26			593478889	Not Applicable
Suite, Apt. #. etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζφ	Country		8. This corporation owes or has paid the	
24	[25]	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curro	ent Registered Agent			10. Name and Address of New Register	red Agent
	MERILAWYER		81	Name		
	3 ALMERIA AVENUE		82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CC	ORAL GABLES FL 33134		83			
			[83]			
				City		85 Zip Code
SIGNATURE		gent and the Propticable (NO ND DIRECTORS	TE Fingistured Age	nt signature requir	red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELFTE	1.1 TITLE			Change Addition
NAME	HELMLING, ROBERT R		1,2 NAME			
STREET ADDRESS	MANAGER BARNERS ACTOR		1.3 STREET			
CITY-ST-ZIP TITLE			1.4 CITY - ST	T- ZIP		Change Addition
NAME	HELMLING, MATTHEW A	[_] MILL	2 2 NAME			∟ Grange ∟ Audilion
STREET ADDRESS	4004 7414 07 41714		23 STREET.	ADDRESS		
CITY - ST - ZIP	WINTER PARK FL 32789		2 4 GITY- S	· ·		
TIFLE	SVD	DELETE	3 1 TITLE	1		Change Addition
NAME	HELMLING, MARK A		3 2 NAME			
SYREET ADDRESS	1861 TAYLOR AVENUE		3 3 STREET ADDRESS			
CITY-ST-7IP	WINTER PARK FL 32789	T Kara	3 4. CITY-ST-ZIP			
THILE		L_] DELETE	4.1 TITLE			Change Addition
STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS			
CITY-ST-7IF						
TIPLE		DELETE	4.4 C(TY - ST - Z(P 5.1 T(TLE			Change Addition
NAME		<del></del>	5.2 NAME			
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5 4 CITY - ST	- ZIP		
TITLE		☐ DELFTE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STALLT			
CITY-ST-ZIP	L		64 CITY-ST	· ZIP		l

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 lossitic 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, when an address