PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000108252

1. Corporation Name

BR & 724TH, INC.

Principal Place of Business

Mailing Address

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90227 014 ***150.00



	1048 KANE CONCOURSE STE 2B 1048 KANE CONCOURSE STE 2B BAY HARBOR FL 33154 BAY HARBOR FL 33154							
DAT TRAIDONTE SOLO					DO NOT WRITE IN THIS SPACE			
•					3. Date Incorporated or Qualifed 12/24/1997			
Principal Place of Business Za. Mailing Address					4. FEI Number	. A	pplied For	
26					65-0811098	N	ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.			_		\$8.75	Additional	
22 27				-	5. Certifcate of Status Desired	Fee R	equired	
City & State City & State				6. Election Campaign Financing _ \$5.00		\$5.00	May Be	
23 28					Trust Fund Contribution Added to F			
Zip	Country	Zip	Country	y	8. This corporation owes the current year I		_ 1	
24	25	29 3	0	_	Personal Property Tax.			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
LESLIE R'EVANS & ASSOCIATES PA 375 S COUNTY RD STE 218				81 Name				
				Street Ac	eet Address (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480				3				
			"	Ί				
	• •		84	City	F	L 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	_l /e-named co	orporation submits this statement for the purpose	of changing it	s registered	
office or re	egistered agent, or both, in the State of	of Florida, Such change was aut	horized by	the corpora	orporation submits this statement for the purpose eation's board of directors. I hereby accept the app	ointment as r	egistered	
agent. I ai	m tamiliar with, and accept the obligati	ions of, Section 607.0505, Fibrid	ia Statute	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered Age	nt signature reci	uired when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	GADINSKY, SETH		1.2 NAME					
STREET ADDRESS	THE STATE CONTROL OF CHE AS			ET ADDRESS				
CITY-ST-ZIP	DAY HADDOD EL COSEA			ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Addition	
NAME	GREANER, IVY							
1	TO A MANUF COMPOSITOR OFF OR			ET ADDRESS				
STREET ADDRESS				ST-ZIP			\	
CITY-ST-ZIP	DAT HANDON PL 33134	☐ DELETE	3.1 TITLE			Change	Addition	
TITLE	•		3.2 NAME				_	
NAME				ET ADDRESS				
STREET ADDRESS	_					•		
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			Change	Addition	
TITLE			4.1 INLE				_	
NAME	·							
STREET ADDRESS				ET ADDRESS			.	
C/TY-ST-ZIP	-	☐ DELETE	4.4 CITY-			☐ Change	Addition	
TITLE			5.1 TITLE 5.2 NAME					
NAME	, `			ET ADDRESS			1	
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP	<u> </u>	☐ DELETE	6.1 TITLE		-	Change	Addition	
TITLE :	· ·	☐ NETE IR	1	1		L., J Gridinge		
NAME ,			6.2 NAME				[
STREET ADDRESS			6.3 STRE	ET ADDRESS				

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 suppliemental 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 of 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, of only an attachment with an address, with all other like empowered.