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

Mailing Address

6151 4TH ST. N.

ST. PETERSBURG FL 33704

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016903

1. Corporation Name

Principal Place of Business

ST. PETERSBURG FL 33704

6151 4TH ST. N.

BROTHERS INVESTMENT, INC.

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

04-20-1999 90304 032 ***150.00

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					DO NOT WRITE IN THIS SI	PACE		
				•	3. Date Incorporated or Qualifed			
					02/20/1998		The state of	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
	145T N	26			59 - 3496270		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.0	0 May Be	
	ETERSBURG FL	28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intan			
4 337			آه] Yes	⊠ No	
<u> </u>	9. Name and Address of Current		1		10. Name and Address of New Registered Ag	gent _		
	e. Hand alle Had be at a series			81 Name				
AWS	SHAH, BAKER							
	BE POINSETTIA AVE		ļ	82 Street A	ddress (P.O. Box Number is Not Acceptable)			
-	PA FL 33617		}	83				
1 Walt								
				84 City	FL	85 Zip	Code	
ad Durania i	An the conditions of O-min- 007 0500	and 607 1609 Florida Statutos	the ah	ove-named co	ornoration submits this statement for the purpose of ch	anging i	ts registered	
office or re agent, I a	registered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was authons of, Section 607.0505, Florid	norized a Statu	by the corpor tes.	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointr	nent as i	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered /	Agent signature req	uired when reinstating) DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	PD	☐ DELETE	1.1 TITI	E	!	Change Change	e 🔲 Addition	
NAME I	AWSHAH, BAKER		1.2 NA	ME				
STREET ADDRESS	4444 E DONIGETTIA AVE		1.3 STF	REET ADORESS				
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NAME		_	2.2 NA	ur (
				REET ADDRESS				
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CITY-ST-ZIP	<u> </u>		4.4 CIT	Y-ST-ZIP				
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NAME	}		5.2 NA	ME I	· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS			5.3 STI	REET ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP				
TITLE	 	☐ DELETE	6.1 TiT	LE		☐ Chang	e	
	,	, 	6.2 NA	ME Ì		•		
NAME				REET ADORESS				
STREET ADDRESS	1		1					
CITY-ST-ZIP	1		5.4 CIT	Y-ST-ZIP	_ <u>,</u>			

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 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.

SIGNATURE:

(813) 527-27**7**8