Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90248 008 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000056714	4
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1. Corporation Name

BRYNWOOD CORPORATION

Principal Place of Business	Mailing Address
1454 RAILHEAD BOULEVARD	1454 RAILHEAD BOULEVARD
NAPLES FL 34110	NAPLES FL 34110

FILED

Principal Place	e of Business	Mailing Address								
1454 RAILHEAD		1454 RAILHEAD BOULEV	ARD							
NAPLES FL 341	10	NAPLES FL 34110				DO	NOT WRITE IN THIS	SPACE		
						Date Incorporated or				1
						06/24/1998	QBallico			
		1 a 44 % A 14				4. FEI Number			pplied For	1
2. Principal P	lace of Business	2a. Mailing Address				59 - 3518062			ot Applicable	┨
21		26				J9-3J10002			Additional	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status (Desired	*	Additional tequired	
22	27					2 51 11 20 1 5				1
City & Stat	e	City & State			6. Election Campaign F Trust Fund Contribut			May Be		
23	Country	Zip	Col	untry		8. This corporation owe			10100	1
Zip			30	unu y		Personal Property Ta	•	Yes	X No	
24	9. Name and Address of Currer	29 Agent	30]	Т		10. Name and Address		Agent		1
	9. Name and Address of Currer	it vediatelen våent		81	Name	10, 114,110	-		4 V	1
COL	eman, kevin g esq									1
	I TAMIAMI TRAIL NORTH			82	Street Add	Iress (P.O. Box Number is N	ot Acceptable)			
	E 300			83			·			1
	LES FL 34103									
11/11				84	City		FI	85 Zip	Code	
		1007 4500 51 11 01				ties aubmits this stateme		changing it	e registered	ĺ
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Stat of Florida, Such change was	tutes, the a authorize	above- d by ti	-named cor he corporat	poration submits this stateme ion's board of directors. I her	eby accept the appoin	ntment as n	egistered	
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, F	Florida Stat	tutes.						
SIGNATURE					-	ed when reinstating)	DATE			١,
40	Signature, typed or printed name of registered age	nt and title if applicable (NC ID DIRECTORS	13.		signature requi	ADDITIONS/CHANGE		D DIRECT	ORS IN 12	1 !
12.	VTD OFFICERS AIT	□ DELETE				ADDITIONOZOTIKATOL	-0 10 011102.1014.	Change		1 :
TITLE			12 NA		ļ					
NAME	BRAVERMAN, DAVID S				ADDRESS					
STREET ADDRESS	I									
CITY-ST-ZIP	NAPLES FL 34109 PSD	☐ DELETE	☐ DELETE 2.1 TIT		-219			Change	Addition	1 ;
TITLE	1		_					_ '	_	1
NAME	COMPAGNONE, RICHARD		2.2 NA							
STREET ADDRESS	3613 KENT DRIVE				ADDRESS					
CITY-ST-ZIP	NAPLES FL 34112			CITY-ST	-ZIP	.,	···	☐ Change	Addition	ł
TITLE		☐ DELETE	3.1 T					L.J Shange	H 140,000	
NAME			E E	NAME						
STREET ADDRESS					ADDRESS				•	
CITY-ST-ZIP		<u> </u>		CITY-ST	-ZIP			☐ Change	Addition	+
TITLE		☐ DELETE		ITILE:		(∪ change	, Madagor	
NAME				NAME						
STREET ADDRESS			1		ADDRESS					-
CITY-ST-ZIP			4.4 CI		-ZIP					┨
TITLE		☐ DELETE		ITLE				Change	Addition	
NAME				NAME						
STREET ADDRESS			5.3 9	STREET	ADDRESS					
CITY-ST-ZIP			5.4 0	CITY-ST	-ZIP					1
TITLE		☐ DELETE	6.1 T	TITLE				☐ Change	Addition	
NAME			6.2 N	NAME						1
STREET ADDRESS			6.3 \$	STREET	ADDRESS					
	50 J			ı					1	

CITY-ST-ZIP 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 specifier 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 prival attachment with an address, with all other like empowered.

SIGNATURE: