PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000078119
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FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90265 044 ***150.00

BRICK &	BLOCK, INC	0070110					
Principal Place	e of Business	Mailing Address					
941 N STATE F		941 N STATE RD 7			ļ		
PLANTATION FL 33317 PLANTATION FL 33317					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
					09/04/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			▲ FFI Number	Ap	plied For
21		26			65-0921849	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	· ·
22		27			5. Certificate di Otatioa Disaletti	Fee Re	periup
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added I	o Fees
Zlp	Country	Zip	Conu	ry	 This corporation owes the current year Interest 		
24	25	29	30		Personal Property Tax.	□Yes	□No
	9. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Registered	Agent	
201	ID ACTURE II		\°	11 Name			
	id, arthur h N state RD 7		8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
			<u> </u>				
PLAT	NTATION FL 33317]*	3			
•			le le	4 City		85 Zip C	Code
					FL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoin	nmeni as req	pistered
agent. I a	m familiar with, and accept the obli	gations of Section 607,0505, Fi	orida Statuti	es.			\
agent. / a	m familiar with, and accept the doll Signature, typed or printed name of registered a	gations of, Section 607,0505, Fr	E: Registered A	5 a.	ared when reinstaling) DATE		
agent. / a	in familiar with, and accept the coll Signature, typed or printed name of registered a	gations of, Section 607,0005, Fr agent and trie if applicable. (NOT AND DIRECTORS	E: Registered Ap	gent elgnæture requi		D DIRECTO	
agent. I a	m familiar with, and accept the coll Signature, typed or printed name of registered a OFFICERS	gations of, Section 607,0505, Fr	E: Registered Ap	pent alghature requi	ared when reinstaling) DATE		
signature	Signature, typed or printed name of registered a OFFICERS D BOND, ARTHUR H	gations of, Section 607,0005, Fr agent and trie if applicable. (NOT AND DIRECTORS	E: Registered Ap 13. 1.1 TRU	pent algnature requi	ared when reinstaling) DATE	D DIRECTO	
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I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Fibrida Statutes. Interfer certify that I are 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 oalt; that I are 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.