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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # S41387

1. Corporation Name

## **FILED** Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90054 030 \*\*\*150.00

BRAUWE	ERMAN FINANCIAL GROUP,	INC.					
Principal Place	e of Business	Mailing Address			i Bibil Bibil Dibil Dibil Bibi	II DIBII KUUT	
23123 STATE R		23123 STATE ROAD 7 🏕	231				
221 1-31 BOCA RATON FL 33428				DO MOST MIDITO IN THIS ODAGE			
BOCA RATON FL 33446				DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed			
				03/27/1991		ind For	
	lace of Business	2a. Mailing Address	C 20 3	4. FEI Number	)————	ied For Applicable	
1 23/2		26 23/V3 570 Suite, Apt, #, etc.	re ROZ	65-0248768	\$8.75 Add		
Suite, Apt.			<b>3</b> /	5. Certificate of Status Desired	Fee Requ		
City & Stat	<u>*                                      </u>	City State		6. Election Campaign Financing	\$5.00 M	<del></del>	
<b>一 ー</b>		28 /20 44 MATA	W El	Trust Fund Contribution	Added to 1		
23 / 5 3 C. Zip	Country	Zip	Country	8. This corporation owes the current year			
334	. 1	29 33428 3	/ /	Personal Property Tax.		<b>₹</b> 176	
- //	9. Name and Address of Current	·     / / /		10. Name and Address of New Registere	d Agent		
			81 Name	ALL PRAILIBANA	4	}	
Bra	uwerman, Bernard		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	<u>,                                    </u>		
	23 STATE ROAD 7		136	Wey BURNE	DRIV	<u>e</u> _	
BOC	A RATON FL 33428		83	7			
			24 01 2		BE Zin Co		
			84 City	leas Beach F	L 85 Zip Co	ا کیو	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above-named cor	rporation submits this statement for the purpose	of changing its re	egistered	
office or r	egistered agent, or both, in the State on familiar with and accept the obligat	of Florida. Such change was auti	norized by the corpora	tion's board of directors. I hereby accept the app	ointment as regis	sterea	
	All familiar with and all epit the obligation	TOTAL OF COORDING OF COORD, FIRM	d Glatetop.	2/1	:155		
SIGNATURE	Signature, typed or printed fiame of registered agen	t and title if applicable. (NOTE: R	egistered Agent signature requ	ired when reinstating) DATE			á
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			Š
TITLE	D	☐ DELETE	1.1 TITLE		Change	☐ Addition	Σ
NAME	Brauwerman, Bernard		1.2 NAME	,			Š
STREET ADDRESS	23123 STATE ROAD 7		1.3 STREET ADDRESS			j	וַ
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				ò
TITLE		☐ DELETE	2.1 TITLE		☐ Change	Addition	١
NAME			2.2 NAME				
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TITLE		☐ DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME		•	ĺ	
STREET ADDRESS			3.3 STREET ADDRESS			1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<del></del>		
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
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CITY-ST-ZIP			4.4 CITY-ST-ZIP				
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CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		Change	Addition	ĺ
NAME			6.2 NAME			}	ļ
STREET ADDRESS			6.3 STREET ADDRESS	•			
CITY+ST-ZIP			6.4 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 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR