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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74177

(4)

BRUZZI OF FLORIDA, INC.

Principal Place of Business Mailing Address

FILED May 06 1998 8:00am Secretary of State



3. Date Incorporated or Qualified 08/15/1991 2. Principal Place of Business 2. Mailing Address 4. FEI Number 56-029090 Not Applied For Suite, Apt. #. etc. 5. Certificate of Status Desired 58.75 Additional Fee Required City & State 5. Certificate of Status Desired 5. Certificate 5. Certific	4656 DAPPLE LANE BOULDER CO 80301 US		4656 DAPPLE LANE BOULDER CO 80301 US		DO NOT WRITE IN THIS	S SPACE
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applied For Stute, Apt. #, etc 5c. Certificate of Status Desired 5c. Certificate Office of Status Desired 5c. Certificate Office 5c. Certificate Office 5c. Certificate Office 5c. Certificate 5c. Cert	US		05		3. Date Incorporated or Qualified	ONACE
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	Place of Business	2a. Mailing Address			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26		65-0299090	Not Applicable
City & State City & State City & State City & State Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country	22		27	•	6. Certificate of Status Desired	Fee Required
28	City & Stat	te	City & State		6, Election Campaign Financing	\$5.00 May Be
25 Country 71p Country 72p Country 88. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	23	_	28		Trust Fund Contribution	
BLOOM, STUART 13899 BISCAYNE BLVD SUITE 105 MIAMI FL 33181 82 Street Agdress (P.O. Box-Number, is Not Acceptable) BLOOM, STUART 13899 BISCAYNE BLVD SUITE 105 MIAMI FL 33181 83 SUITE 33 © 84 City MIAMI FL 33181 84 City MIAMI FL 33181 85 Sip Code 2 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typest or printed name of right florid and the diagrated bleed and the diagrated bl	Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
BLOOM, STUART 13899 BISCAYNE BLVD SUITE 105 MIAMI FL 33181 82 Street Agglass (P.O. Bpt-Number is Not Acceptable) 83 SUITE 330 84 City Miami FL 33181 85 Jip Code office or registered agent, or both, in the State of Florida Statutos, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typicd or pended name of high brook accept the digitatate with agriculture of the purpose of changing its register of agent agent. I am familiar with, and accept the obligations of the composition of the corporation of the purpose of changing its registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicd or pended name of high brook accept the digitatate. (NOTE Registered Agent signature required when reinstating) DATE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P	24			30		
11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statulos, the above-named corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typicd or printed frame of trige-triest agent and titled angle able. (NOTE Registered Agent signature required when reinstating) DATE 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TATA, RATAN STREET ADDRESS 482 Street Address (P.O. Box Number; is Not Acceptable) BB 3 SU: TE 33 o BC City M: Am. FL 85 Zip Code 2 City M: Am. FL 85 Zip Cod			nt Registered Agent		10. Name and Address of New Registered	d Agent
SUITE 105 MIAMI FL 33181 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 330 84 City MIAMI FL 33181 85 Zip Code 33 J6 Z 11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or printed famile of togethers agend and that diagraphs and the di	BL	OOM, STUART		81 Name	STUART BLOOM	
MIAMI FL 33181 83 SUITE 330 84 City MIAMI FL 35 STIP Code of Cit	13	899 BISCAYNE BLVD		82 Street Ad		
11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicd or printed name of truge front agent and filled any 3 abile. (NOTE Registered Agent signature required when renstating) DATE	SUITE 105			163	375 NE 18+4 AVE	40000
11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or product name of trugs from a part and titled angle cable (NOTE Registered Agent signature required when reinstating) DATE 12.	MU	AMI FL 33181		83 2.	1: TE 230	(
11. Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or product range of trugs formst agent and titled aggistable (NOTE Registered Agent signature required when renstating) DATE						95 Zin Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pointed name of roge tens agent and title of agent and title of agent and title of agent signature required when reinstating) DATE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P TATA, RATAN 12 NAME 13 STREET ADDRESS 4656 DAPPLE LANE 13 STREET ADDRESS					1îAmi F	L 18 33162
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and take it any scatale (NOTE Registered Agent signature required when reinstating) DATE	11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	tes, the above-named c	orporation submits this statement for the purpose	of changing its registered
Signature Typical or product name of trigo forms agreed and tilled agreed a	agent. La	registered agent, or nom, in the state am familiar with, and accept the oblig	ations of, Section 607.0505, Fl	lorida Statutes.	iration's board of directors. Thereby accept the ap	opointment as registered
Signature Typied or product name of trige forest agred and title of agreed and title of agr	SIGNATURE					
TITLE P DELETE 11 TITLE DAME NAME TATA, RATAN 12 NAME STREET ADDRESS 4656 DAPPLE LANE 13 STREET ADDRESS	- CIGITATIONE			TE: Registered Agent signature ro	quired when reinstating) DATE	
NAME TATA, RATAN 12 NAME STREET ADDRESS 4656 DAPPLE LANE 13 STREET ADDRESS	 	OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS AN	
STREET ADDRESS 4656 DAPPLE LANE 13 STREET ADDRESS	TITLE	P	L DELETE	1 TITLE		Change Addition
BOLL DED OO	NAME			1.2 NAME		
PITV_ST_7ID BOULDER CO	STREET ADDRESS			13 STREET ADDRESS		
	CITY-ST-ZIP			1.4 C(TY - ST - ZIP		
	TITLE		☐ DELET e	21 1ITLE		Change Addition
NAME TATA, NICHOLAS 22 NAME	NAME			2.2 NAME		
STREET ADDRESS 4656 DAPPLE LANE 2.3 STREET ADDRESS	STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP BOULDER CO 2.4 CITY-ST-ZIP 1	CITY-ST-ZIP	BOULDER CO		2.4 CITY - ST - ZIP		
TITLE DELETE 3.1 TITLE Change Addit	TITLE		[] DELETE	3.1 TITLE		Change Addition
NAME 3.2 NAME	NAME			3.2 NAME	Y	
STREET ADDRESS 3.3 STREET ADDRESS	STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP 3.4 CITY-ST-ZIP	CITY-ST-ZIP			a.4 CITY-ST-ZIP		_
TITLE DELETE 4.1 TITLE Change Addit	TITLE		DELETE	4.1 TITLE	- · · · · · · · · · · · · · · · · · · ·	Change Addition
NAME 4.2 NAME	NAME			4. 2 NAME		
STREET ADDRESS 43 STREET ADDRESS	STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP]		4.4 CITY-ST-ZIP		
TITLE DELETE 5.1 TITLE Change Addit	TITLE		DELETE	5.1 TITLE		Change Addition
NAME 52 NAME	NAME			5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS	1		5.3 STREET ADDRESS		11,50
CITY-ST-ZIP 5.4 CITY-ST-ZIP	CITY-ST-ZIP			5.4 CITY-ST-ZIP		المار
TITLE DELETE 6.1 TITLE 2000251331aange Addit NAME 62 NAME -05/06/9801095043			☐ DELETE		2000025139	Change Addition
NAME -05/06/9801095043	NAME	1		62 NAME	-0 5/06/98010950	D43
STREET ADDRESS ***150.00	STREET ADDRESS			63 STREET ADDRESS	***150.00	
CITY-ST-ZIP 64 CITY-ST-ZIP		1		1		

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 is 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 for an attachment with an address.

who is a small of

04/02/00 302-520-4412