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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

DOCUI	MEN # S7417	7				
BRUZZI OF FLORIDA, INC.						11
Principal Place of Business Mailing Address		Mailing Address			I BIRKI BIRIK BIRKI BII	NIS DIDIN REDI
4656 DAPPLE LANE BOULDER CO 80301 US		4656 DAPPLE LANE BOULDER CO 80301 US		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed		
				08/15/1991		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21 26				65-0299090		Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	dditional
22 27 City 8 City 9						
City & State City & State		⊢ '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country		Country	This corporation owes the current year I	_	7 000
24	25	`	30	Personal Property Tax.		□No
241	9. Name and Address of Curi			10. Name and Address of New Registere	d Agent	
	·		81 Name			_
BLOOM, STUART			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
16375 NE 18TH AVE			62 Street Addi	Hess (F.O. Box Number is Not Acceptable)		
SUIT	E 330		83			-
MIAMI FL 33162 .		04 07		as Zin C	200	
i İ			84 City	F	L 85 Zip C	one
office or r	egistered agent, or both, in the Sta	0502 and 607.1508, Florida Statutes te of Florida. Such change was au- igations of, Section 607.0505, Flori	tnorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r ointment as reg	registered istered
L	Signature, typed or printed name of registered	<u> </u>	Registered Agent signature require		THE DIRECTOR	DC IN 42
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME .	TATA, RATAN		1.2 NAME			
STREET ADDRESS	4656 DAPPLE LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOULDER CO	☐ DELETE	1.4 CITY-ST-ZIP		Change	Addition
TITLE	VP	□ oereie	2.1 TITLE		onlinge	
NAME	TATA, NICHOLAS		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOULDER CO	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
	,		3.2 NAME			_
NAME			3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME		_ ,	_
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP			
TITLE	-	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	,		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CiTY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STREET ADDRESS			

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 fifth attachment with an address, with all other like empowered. 6.4 CITY-ST-ZIP

SIGNATURE:

303 530 4617