Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999

TAYLOR, MARY L

ROOM 2121

111 E MADISON STREET



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

S98096 DOCUMENT

24

BRUDER STEPHENS, INC.	
Principal Place of Business	Mailing Address
6902 E. 7TH AVE. SUITE 100 TAMPA FL 33619	6902 E. 7TH AVE. Suite 100 Tampa Fl 33619
US	US
2. Principal Place of Business 21 14409~A N. NEB ASKA AN	2a. Mailing Address 26 14409-A N. NEBRASKA AVE.
Cuite Ant # etc	Suite Ant # etc

FLORIDA TAMPA, FLORIDA TAMPA. City & State

9. Name and Address of Current Registered Agent

HILLSFORONGN WILLEBOROUGH 33613 Country 30 25 29

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90047 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

12/05/1991 4. FEI Number

<u>59-3111004</u>

TAMPA FL 33602			1				
		84	4 (City	FL 85 Zip Code		
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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P DELETE	1.1 TITLE			☐ Change ☐ Addition		
NAME	BRUDER, STEVEN E.	1.2 NAME	:				
STREET ADDRESS	14513 MIDDLEFIELD	1.3 STREE	ET ADI	DRESS			
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-	ST-ZI	,			
TITLE	TS DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME I	STEPHENS, ROBERT D.	2.2 NAME		.]			
STREET ADDRESS	1914 OLD SAW MILL RD	2.3 STREE	ET AD	DRESS	, orangan and the second of th		
CITY-ST-ZIP	BRANDON FL 33550	2. 4 CITY-	-ST-Z	IP			
TITLE	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREE	ET AD	DRESS			
CITY-ST-ZIP		3.4. CITY-	-ST-Z	IP			
TITLE	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition		
NAME		4. 2 NAME	E				
STREET ADDRESS		4.3 STREE	ET AD	DRESS			
CiTY-ST-ZIP		4.4 CITY-	ST-ZI	م			
TITLE	☐ DELETE	5.1 TITLE		Ì	☐ Change ☐ Addition		
NAME		5.2 NAME	•				
STREET ADDRESS		5.3 STREI	ETAD	DRESS			
CITY-ST-ZIP		5.4 CITY-	ST-ZI	Р			
TITLE	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME		6.2 NAME	Ē				
STREET ADDRESS		6.3 STREI	ET AD	DRESS			
CITY-ST-ZIP		6.4 CITY-					
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 of 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 as an attachment with an address, with all other like empowered.							

81 Name

82

83

SIGNATURE:

01-12-1999