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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V08956

(7)

J. BRICKMAN REALTY, INC.

Principal Place of Business Mailing Address								. 1441 Billi 2512, 1514 15141 2115 641 2121 2131 2131 4141 2121 2121 2131 213			
8041 WEST 21ST AVE. HIALEAH FL 33016				8041 WEST 21ST AVE. Hialeah Fl 33016-1823							
								3. Date Incorporated or Qualified 01/24/1992		ate of Last 16/1996	•
	ace of Business		28.	Mailing Addre				4. FEI Number			Applied For
8021 W. 21st Ave.			26					65-0326504	Not Applicable		
Suite, Apt. # etc:			27					5. Certificate of Status Desired See Required Fee Required			
City & State			ļ,	City & State				6. Election Campaign Financing \$5.00 May Be			
23 Hialeah, Fla.			28					Trust Fund Contribution Added to Fees			
Ζφ <b>33016</b>								8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes Yes No  10. Name and Address of New Registered Agent			
24 33016							<del>-</del>				
VEA			rent negis	tereu Agent		81	Name	10. Name and Address of New Re	Gistel eo 1	Agent	
	GER, JOHN P. Senji a ave	м.									
300 SEVILLA AVE. SUITE 311				82 Street Add			Street Add	ress (P.O. Box Number is Not Acceptable)			
	AL GABLES F	33134				83					
0011	nt andrea i	E 00104									
						84	City		FL	85 Zip	p Code
SIGNATURE		or both, in the St and accept the ob- interdinance of tegistenes						poration submits this statement for the toon's board of directors. I hereby acce	pt the app	ointment a	is registered
12.		OFFICERS				3.		ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
TITLE	P			DEL	E7E 1.	.1 TITLE				Change	Addition
NAME	BRICKMAN,				1.	2 NAME					
STREET ADDRESS	8041 W. 219				1 1	3 STREE	r address				
CHY-ST-ZIP	HIALEAH FL	33016			*****	4 CITY-	ST - ZIP				
TITLE	ST	15 44 14 15		L DEL	ETE 2	1 TITLE				Change	e Addition
NAME	BRICKMAN,				2	2 NAME					
STREET ADDRESS	8041 W. 218 HIALEAH FL				1		T ADDRESS				
CHY-ST-ZIP	NIMLEAN FL	33010		☐ DEL		4 CITY-	ST-ZIP			Change	e Addition
TITLE				DEL		LI TITLE				Criangt	;
NAME CERCET ADDRESS					1	2 NAME	T ADDRESS				
STREET ADDRESS											
CiTY - ST - ZiP Tifue				DEL		.4. CITY-	31-ZIF			Change	e Addition
NAME						2 NAME					_
STREET ADDRESS							T ADDRESS				
CITY- \$1-ZIP						.4 CITY -					
THE				DEL		.1 TITLE				Change	e 🔲 Addition
NAME					5	.2 NAME					
STREET ADDRESS					5	.3 STREE	T ADDRESS				
CiTY - S1 - ZIP					5	.4 CITY -	ST-ZIP				
TITLE				☐ D£L	.FTE 6	3.1 TITLE				Change	e 🔲 Addition
NAME					6	.2 NAME					
STREET ADDRESS					8	3.3 STREE	T ADORESS				)

6.4 CITY -ST-ZIP

SIGNATURE:

1-13-97

Date

14. I do 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 armus 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 on an attachment with an address. (305) 557-4314

**FILED** 

Jan 23 1997 8:00am

Secretary of State

Daytime Phone #