

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90049 014 \*\*\*150.00

0114273

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # V51512**

1. Corporation Name  
**SIX BROTHERS, INC.**

Principal Place of Business  
**600 E EAU GALLIE BLVD.  
INDIA HARBOR BEACH FL 32937  
US**

Mailing Address  
**600 E EAU GALLIE BLVD.  
INDIA HARBOR BEACH FL 32937  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date incorporated or Qualified <b>07/16/1992</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3142179</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>KELLER, RON 820 N ATLANTIC AVE A-302 COCOA BEACH FL 32931</b>	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 (NO E: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P JAMIESON, DAVID	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	241 MANTH AVE	1.2 NAME	
STREET ADDRESS	COCOA FL 32936	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D PRICE, JAMES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	820 N ATLANTIC AVE A-302	2.2 NAME	
STREET ADDRESS	COCOA BCH FL 32931	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D GANN, JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1423 COLLEGE AVE	3.2 NAME	
STREET ADDRESS	COCOA FL 32936	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T SELBY, GEORGE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1155 N COURTNEY B237	4.2 NAME	
STREET ADDRESS	MERRITT ISLAND FL 32952	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D JEFFREYS, JOHN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2598 VICTORIA DR NE	5.2 NAME	
STREET ADDRESS	PALM BAY FL 32905	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David Jamieson*  
David Jamieson

4/25/99

Date

(401) 779-9670

Daytime Phone #

CR2E034 (11/98)