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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

290 NW 165TH STREET

MIAMI FL 33169



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

BRITTANY SALES COMPANY

Mailing Address

290 NW 165TH STREET P-100 MIAMI FL 33169

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/09/1970

	race of business	Za. Mailing Address				4. FEI Number	Applied For		
21		26				59-1307445	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
22		27				3. Certificate of Status Desired	Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.00 May Be		
23 28						Trust Fund Contribution	Added to Fees		
Zip	· · · · · · · · · · · · · · · · · · ·			Country		8. This corporation owes or has paid the curren	t year Intangible		
24	25	29	30	.,		Personal Property Tax due June 30.			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
HALPERN, MARK					81 Name				
9501 E. BROADVIEW DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)					
BAY HARBOR ISLANDS FL 33154				or of our Address (1.0. box Northber is Not Addeptable)					
				83					
					0.1				
İ				84	City	FL	35 Zip Code		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above pared corporation automits this electron of the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above pared corporation automits this electron of the provisions of Sections 607 0502 and 607 1508.									
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 DI	BECTORS IN 12		
TITLE	PDT	DELETE	1,1 TI	ITLE			Change Addition		
NAME	HALPERN, MARK		1.2 N	AME					
STREET ADDRESS	9501 E. BROADVIEW DRIVE		1		ADDRESS				
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		1				1		
TITLE	VPDS DELETE			1.4 CITY-ST-ZIP 2.1 TITLE			Change Addition		
NAME	BROWN, PAUL G.			2.2 NAME			Orizilde T Votition		
STREET ADDRESS	14680 SW 107 TERRACE			2.3 STREET ADDRESS			ŀ		
CITY-ST-ZIP	MIAMI FL								
TITLE	DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE			06: 1 4100		
NAME		L.J DECEIE	1		ĺ	U	Change		
i '- I			3.2 N/				į		
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T belees		ITY-ST	r-ZiP				
TITUE		DELETE	4.1 11			Ц	Change		
NAME			4.2 N	IAME	-				
STREET ADDRESS			4.3 ST	TREET A	ODRESS				
CITY-ST-ZIP				TY-ST	- ZIP				
TALE		☐ DELETE	5.1 Ti	TLE			Change		
NAME			5.2 NA	AME					
STREET ADDRESS			5.3 ST	REET A	DORESS				
CITY-ST-ZIP			5.4 CI	TY-ST-	ZIP	_			
TITLE		☐ DELETE	6.1 TIT	TLE			Change Addition		

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

-21-98