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

0245156

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90109 047 ***150.00

DOCUMENT # 369475

1. Corporation Name
BRITTANY SALES COMPANY

Principal Place of Business	Mailing Address
290 NW 165TH STREET P-100 MIAMI FL 33169	290 NW 165TH STREET P-100 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 09/09/1970

4. FEI Number: 59-1307445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALPERN, MARK
9501 E. BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 8900 BAY DRIVE
83
84 City SURFSIDE FL 85 Zip Code 33154

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE	PDT	☒ Change ☐ Addition
NAME	HALPERN, MARK		1.2 NAME	HALPERN, MACK	
STREET ADDRESS	9501 E. BROADVIEW DRIVE		1.3 STREET ADDRESS	8900 BAY DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		1.4 CITY-ST-ZIP	SURFSIDE FLORIDA 33154	
TITLE	VPDS	☐ DELETE	2.1 TITLE	VPDS	☒ Change ☐ Addition
NAME	BROWN, PAUL G.		2.2 NAME	BROWN, PAUL G	
STREET ADDRESS	14680 SW 107 TERRACE		2.3 STREET ADDRESS	861 SW 88 TERR	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 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 ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: Paul G. Brown V.P.D 1.6.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[redacted] Daytime Phone #