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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726417 (9)

1. Corporation Name
4 BRITTONS OF BARDMOOR, INC.



Principal Place of Business Mailing Address
8316 BARDMOOR BLVD 8316 BARDMOOR BLVD
APT D APT D
LARGO FL 34647 LARGO FL 33777-2046
US US

3. Date Incorporated or Qualified 05/16/1973
3a. Date of Last Report 04/15/1996

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

4. FEI Number 59-2871213 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JONES W WALKER
8316 BARDMOOR BLVD
APT D
LARGO FL 34647

10. Name and Address of New Registered Agent
81 Name SARK DERDERIAN, D.O.
82 Street Address (P.O. Box Number is Not Acceptable) 8316 BARDMOOR BLVD.
83 APT A
84 City LARGO FL 85 Zip Code 33777

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE [Signature] SARKIS DERDERIAN, D.O. DATE 3/24/97
(NOTE: Registered Agent signature required when reinstating)

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for JONES W WALKER, WHITE MARGARET, and HOPMAN LUCY.

Table with 5 rows and 2 columns: CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for SARKIS DERDERIAN, D.O.

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SARKIS DERDERIAN, D.O. DATE 3/24/97
813-391-3290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0051852

CR2E037 (9/96)