

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # F92000000892 (1)**

1. Corporation Name  
**BRENT AMERICA, INC.**



Principal Place of Business: **16961 KNOTT AVENUE LA MIRADA CA 90638**  
Mailing Address: **16961 KNOTT AVENUE LA MIRADA CA 90638**

2. Principal Place of Business: 21 Subm. App. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Subm. App. #, etc. 27 City & State 28 Zip 29 Country 30  
9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City, **FL** 85 Zip Code

3. Date Incorporation or Qualified: **12/23/1992**  
3a. Date of Last Report: **04/25/1995**  
4. EIN Number: **95-3938637**  
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. 193.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02(2) and 607.11(2), 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, such position from Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALEXANDER, DOBBIE</b>	NAME	<b>Malcolm S. Stopps</b>
STREET ADDRESS	<b>16961 KNOTT AVENUE</b>	STREET ADDRESS	<b>921 Sherwood Dr.</b>
CITY-STATE-ZIP	<b>LA MIRADA CA</b>	CITY-STATE-ZIP	<b>Lake Bluff, IL 60044</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<b>V</b>	TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLARD, N.R.</b>	NAME	<b>James S. Lewis</b>
STREET ADDRESS	<b>16961 KNOTT AVENUE</b>	STREET ADDRESS	<b>921 Sherwood Dr.</b>
CITY-STATE-ZIP	<b>LA MIRADA CA</b>	CITY-STATE-ZIP	<b>Lake Bluff, IL 60044</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>ST</b> <input type="checkbox"/> DELETED	TITLE	<b>Chairman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROWE, DAVID H</b>	NAME	<b>Alexander Dobbie</b>
STREET ADDRESS	<b>16961 KNOTT AVENUE</b>	STREET ADDRESS	<b>16961 Knott Ave.</b>
CITY-STATE-ZIP	<b>LA MIRADA CA 90638</b>	CITY-STATE-ZIP	<b>La Mirada, CA 90638</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETED	TITLE	
NAME	<b>SAVINELLI, E.A.</b>	NAME	
STREET ADDRESS	<b>16961 KNOTT AVENUE</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>LA MIRADA CA 90638</b>	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct, for the exemption status in Section 190.01(4), Florida Statutes. I further certify that the information indicated on this report is true and correct, 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. I am:  Director  authorized to execute this report as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on any attachment with an address.

SIGNATURE: D. H. Crowe I-26-96 714/739-2821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**D. H. Crowe** SECRETARY **TREASURER**

CR2E034 (12/95)