SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # G7062 On Enterprises of Bre	• •			
Principal Plac	e of Business	Mailing Address			
% CHARLES	JACKSON HARBOR CITY BLVD.	% CHARLES JACKSON 2638 SOUTH HARBOR MELBOURNE FL 32901	CITY BLVD.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report	
				11/18/1983 05/01/1996	
 -	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
Suite, Apt. #, etc.		26		59-2384847 Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees	
Zıp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Currer	29	30	Personal Property Tax due June 30. Yes No	
141.	CKSON, CHARLES	it negistered Agent	81 Name	10. Name and Address of New Registered Agent	
	2638 S. HARBOR CITY BLVD.				
MELBOURNE FL 32901			82 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City	■ 85 Zip Code	
			' '	F1 1 1	
SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typod or printed name of registered age			d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered	
12,		D DIRECTORS (NO	TE: Registered Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Change Addition	
NAME	JACKSON, CHARLES		1.2 NAME		
STREET ADDRESS	2638 S. HARBOR CITY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME OXDECT ADDRESS			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Addition	
NAME		the second	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 TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition	
NAME			5.7 THE 5.2 NAME	Cranife Youidon	
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-71P			64 CITY-ST. 7IP		

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 compiration 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 planged for on an attachment with an address.

. HAKOMANDE DEDINGAM

197 417727 258

FILED

Aug 05 1997 8:00am Secretary of State