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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

BRIANNA JORDAN, INC.

**FILED** Apr 08 1998 8:00am Secretary of State



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Principal Place	of Business	Ma	ailing Address			h fadiunii ean iibok dhahi bundi bina bina bifik dudii bidhi bibik bibih bidhi
% MICHELE STEGURA KERRIGAN       % MICHELE STEGURA K         7 NORTHEAST 14TH AVENUE       7 NORTHEAST 14TH AVENUE         POMPANO BEACH FL 33060       POMPANO BEACH FL 33			AVENUE	N	DO NOT WRITE IN THIS SPACE	
FOMPANO B	ENON FL SOUD		POMPANO DENOR PL	33000		
						•
2. Principal Pla	ce of Business	28.	Mailing Address	AVENUE FL 33080  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/27/1989  4. FEI Number		
21		26	ŭ			
Suite, Apt. #	, etc.		Suite, Apt. #, etc.			S8 75 Addition
12		27				5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28				
Zip	Country		Zip	Coul	ntry	8. This corporation owes or has paid the current year Intengible
24	25	29		30		
	g. Name and Address of Currer	t Regis	tered Agent		<b>A4</b> 11:	
	RRIGAN, MICHELE S.			1	Nam	ame
	NORTHEAST 14TH AVENUE			1	82 Stre	reet Address (P.O. Box Number is Not Acceptable)
PC	MPANO BEACH FL 33060			ļ		
					B3	
				1	84 City	ty 85 Zip Code
					<u> </u>	
office or reg	ithe provisions of Sections 607.050 gistered agent, or both, in the State (familiar with, and accept the oblig	∙ol Florid	da Such change was	authorized	d by the c	med corporation submits this statement for the purpose of changing its regist corporation's board of directors. I hereby accept the appointment as register
SIGNATURE _	Ignature, typed or printed name of registered age	ollst boat to	if englicable (NO	TF: Begislered	1 Agent Bioga	nature required when (einetating)
12.	OFFICERS AN				- rigon ogna	
TITLE	D		DELETE		ILE	
NAME	KERRIGAN, MICHELE S.			1.2 NA	ME	
STREET ADDRESS	841 S.W. 2ND AVE.			1.3 ST	REET ADDRES	ESS
CITY-ST-ZIP	POMPANO BEACH FL					
TITLE			DELETE			
NAME				2.2 NA	ME	
STREET ADDRESS				2.3 ST	REET ADDRES	ESS
CITY-ST-ZIP				2.4 CI	TY-ST-ZIP	
TITLE			DELETE	3.1 T(T	LE	☐ Change ☐ Ad
NAME				3.2 NA	ME	
STREET ADDRESS				3.3 ST	REET ADDRES	ESS
CITY-ST-ZIP				3.4. CI	ITY-ST-ZIP	
TITLE			☐ DELETE	4.1 TIT	'LE	Change Ad
NAME				4 2 N/	AME	
STREET ADDRESS				4.3 ST	REET ADORES	ESS
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NAME				5.2 NA	ME	
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TITLE			DELETE	6.1 111	LE	☐ Change ☐ Ad
NAME				6.2 NA	ME	
STREET ADDRESS				6.3 ST	REET ADDRES	ESS
CITY-ST-ZIP					IY-ST-ZIP	
14. I hereby ce	rtify that the information supplied w	ith this f	iling does not qualify	for the exe	mption st	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the statutes of th
officer or di	rector of the corporation 🍂 the reci	eiver or t	trustee emp <b>ey</b> vered to	execute t	a macrny: his report	y signature shall have the same legal effect as if made under oath, that I am a art as required by Chapter 607, Florida Statutes, and that my name appears in
Block 12 or	Block 13 if change of olvan atta	chment	with an address	$\lambda$	-	Michele Steguna Kerrigno
CICNIATI	IDE: -	رىر	hely Wi	シー	تہم	3-31-90 Ualun Cas
SIGNATU	JRC:					<u>3-31-98 9549435431</u>