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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

'	1996 DIVISION OF CORPORATIONS					
1. Corporation	i Name	0013950 (9)				
BRENN	NER MARKETING, INC.					
Principal Place of Business Mailing Address					· [(\$481001 100 f8100)	8 BIR BEIDI 11884 IIIIR IBIDI DIIII 8811 (EDI
MIZNER PARK MIZNER PARK						
414 PLAZA R BOCA RATOR		414 PLAZA REAL				
DOWN HATOI	N FL JOHJE	BOCA RATON FL 33432			3. Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Dis	200 of Pugingon	A Maine Add to			02/17/1993	04/10/1995
Principal Place of Business Place of Business		2a. Mailing Address		4. FEI Number 65-0381283	Applied For Not Applicable	
Suite, Apt. #. etc.		Suite, Apt. #, etc.	∮ 			S8 75 Additional
22		27		Certificate of Status Desired	Fee Required	
City & State	}	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country Zip Ci				8. This corporation has liability for i	Added to Fees
24	25 29 30				Florida Statutes Yes	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
RRENNE	R RONNIE		Ľ.			
Brenner, Ronnie 4301 North Ocean Blyd.			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
SUITE A-1706			83		, <u>, , , , , , , , , , , , , , , , , , </u>	
BOCA RATON FL 33431			84	City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a				_		
O Tegratore	ed agent, or both, in the state of Fibric	ia. Such change was authorized	i, the above∙r I by the corp	named corpor oration's boar	ation submits this statement for the purp id of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE _	h, and accept the obligations of, Secti	on 607.0505, Florida Statutes.				
	Signalure typed or printed name of registered agent		Registered Agen	t signature required	I when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	
NAME	DOCUMED DOMINE		1. 1 TITLE 1.2 NAME			Change Addition
STREET ADDRESS			1.3 STREET ADDRESS			
CITY - \$1 - ZIP	BOCA RATON FL		14 CITY-S			
TITLE			2 1 TITLE			☐ Change ☐ Addition
NAME	2		22 NAME			
STREET ADDRESS			23 STREET	i		
CITY - SI - ZIP TITLE	Programme and the second secon		2.4 CITY - S 3. 1 TITLE	T-ZIP		☐ Change ☐ Addition
NAME			3.2 NAME			☐ Change ☐ Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-S*-ZIP			3.4 CITY - S	1		
TIPLE	☐ DELETE		4. 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET			Ì
CiTY-ST-ZiP TiTLE	F 205, 575		4.4 CITY - ST	1 - ZIP		
NAME:			5 1 TITLE 52 NAME			Change Addition
STREET ADDRESS			53 STREET	ADDRESS		
CITY-SI-ZIP			5.4 CITY-ST	ļ		
TOLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			lease to the second
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-SI-ZIP			6.4 CITY - ST	- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida 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 oats; 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 or given an attainment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #