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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # **BRYAN NORCROSS CORPORATION**

23

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Zip



Secretary of State DIVISION OF CORPORATIONS

P94000092976 (7)

| Principal Place of Business | Mailing Address | f obsiens: tid othir Brait abite datit banit bania soile toile | | | |
|--------------------------------|-------------------------------------|--|--|--|--|
| 1680 ONAWAY DRIVE | 1680 ONAWAY DRIVE MIAMI FL 33133 | | | | |
| | | DO NOT WRITE IN THIS SPACE | | | |
| | | 3. Date Incorporated or Qualified | | | |
| | | 12/22/1994 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | | | |
| 21 | 26 | 65-0572337 | | | |
| Suite, Apt. #, etc. | Suile, Apt. #, etc. | 5. Certificate of Status Desired F | | | |
| City & State | City & State | 6. Election Campaign Financing \$5 | | | |

9. Name and Address of Current Registered Agent NORCROSS, BRYAN 1690 ONAWAY DRIVE

MAMI FL 33133-

25

Country

| Question ! | 014N 10 # 20 |
|------------|--------------|
| African To | |
| 7,7,7,7,7 | 22.00 |

Zip

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| | IO. Hallie and Hadiose at Hall Hogietzian Havit |
|----|--|
| 81 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| 63 | |

Personal Property Tax due June 30.

Trust Fund Contribution

8. This corporation owes or has paid the current year Intangible

FILED

May 13 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Yes

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, 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, or both of the change was authorized by the corporation's board of directors. I hereby accept the objections of Society Society State of Florida State of F

Country

| agent is | in familial with, and accept the congations or, socion dor. | NOOD, I IOIIUA S | iuiuioo. | | | | |
|----------------|--|------------------|----------------------|----------------------------|----------------|-----------------|-------------------|
| SIGNATURE | Signature, typed or printed name of registered agent and fille if applicable | (NOTE Registe | ered Agent signature | required when reinstating) | | DATE | |
| 12. | OFFICERS AND DIRECTORS | 11 | | ADDITIONS/CHAN | GES TO OFFICER | RS AND DIRECTOR | RS IN 12 |
| FITLE | D | ELETE 1.1 | TITLE | 77 | | Change | Addition |
| NAME | NORCROSS, BRYAN | 1.2 | NAME | | | <i>_</i> | |
| STREET ADDRESS | -1880 ONAWAY DRIVE | 1.3 | STREET ADDRESS | 4.1830 ME | 5T_297H | 57 | |
| CITY-ST-ZIP | MIAMI-FL 99199 | 1.4 | CITY-ST-ZIP | 9 1830 WE MIAMI | BEAULT | FC 3311 | 1 0 |
| TITLE | D£ | LETE 2.1 | TITLE | | | Change | Addition Addition |
| NAME | | 2.2 | NAME | | | | |
| STREET ADDRESS | | 2.3 | STREET ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | 2. | 4 CITY-ST-ZIP | | | | |
| TITLE | ☐ Df | LETE 3.1 | TITLE | | | ☐ Change | Addition |
| NAME | | 3.2 | NAME | | | , | |
| STREET ADDRESS | | 3.3 | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | I. CITY-ST-ZIP | | | | |
| TITLE | DE | ELETE 4.1 | TITLE | | | ☐ Change | ☐ Addition |
| NAME | | 4.3 | 2 NAME | | | | |
| STREET ADDRESS | | 4.3 | STREET ADDRESS | | | | |
| CITY-ST-ZIP | <u> </u> | 4.4 | CITY-ST-ZIP | | | | |
| TITLE | ☐ DE | LETE 5.1 | TITLE | | | Change | Addition |
| NAME | | 5.2 | NAME | | | | |
| STREET ADDRESS | | 5.3 | STREET ADDRESS | | | | |
| City-\$1-ZIP | | 54 | CITY-ST-ZIP | | | | |
| TITLE | □ DE | LETE 6.1 | THTLE | | | Change | Addition |
| NAME | | 6.2 | NAME | | | | |
| STREET ADDRESS | | 6.3 | STREET ADDRESS | | | | |

14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: /火

1/28/90 305-532-4808