SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Jul 22, 1999 8:00 am Secretary of State

FILED

07-22-1999 90005 013 ***150.00

DOCUMENT # P97000070720

BRYSON INVESTMENT ENTERPRISES CORP.

Principal Place of Business

Mailing Address

7491 CONROY WINDERMERE ROAD ORLANDO FL 32835

7491 CONROY WINDERMERE ROAD ORLANDO FL 32835

293407 - 90005 - 13

| | | | • • • • | | | | | DO NOT WRITE IN THIS | SPACE | • |
|--------------------------------|-------------------------|-------------------------------|------------|-----------------------|--------------|--|----------------------|---|--------|-----------------|
| | | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | | 07/23/1997 | | |
| 2. Principal Place of Business | | | 2a. f | 2a. Mailing Address | | | | 4. FEI Number | | Applied For |
| 21 | | | 26 | | | | | 59-3469739 | | Not Applicable |
| Suite, Apt. | #, etc. | | 1 . | Suite, Apt. #, etc. | | | 1 | 5. Certificate of Status Desired | \$8. | 75 Additional |
| 22 | | | 27 | | | | | 5. Ceruncate of Status Desired | Fe | ee Required |
| City & State City & State | | | | City & State | | | | 6. Election Campaign Financing | \$5 | .00 May Be |
| 23 | - | | 28 | | | | | Trust Fund Contribution | Ad | ded to Fees |
| Zip | | Country | 7 | Zip | Co | untry | | 8. This corporation owes the current year | _ | _ |
| 24 | 25 | | 29 | | 30 | | | Intangible Personal Property. | Yes | ∐ No |
| • | 9. Name and | Address of Current | Registe | ered Agent | | | | 10. Name and Address of New Registered A | gent | |
| | | | | | | 81 | Name | | | |
| | NG, MICHAEL | | | | | CO. Church Address (D.O. Bay Number in Not Acceptable) | | | | |
| 7491 | CONROY WIN | IDERMERE ROAD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ORL | ando fl 3283 | 5 | | | | 83 | | | | |
| | | | | | | | | | | |
| | | | | | | 84 | City | FL | 85 | Zip Code |
| 44 - | | -6 | | 4500 Florido 64-4-4- | | <u> </u> | | | nging | ite registered |
| office or | registered agent. | or both, in the State | of Florida | a. Such change was a | authorize | ed by | the corporation | ration submits this statement for the purpose of cha on's board of directors. I hereby accept the appoin | tment | as registered |
| agent. I | am familiar with, | and accept the obliga | tions of, | section 607.0505, Flo | orida Sta | atutes | š. | | | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or pri | nted name of registered agent | | | | | gent signature requi | ADDITIONS/CHANGES TO OFFICERS ANI | D DIRE | CTOPS IN 12 |
| 12. | <u> </u> | OFFICERS ANI | DIREC | | 13 | | | ADDITIONS/CHANGES TO OFFICERS AND | | |
| TITLE | D | | | ☐ DELETE | | ITLE | | L | Cha | inge L Addition |
| NAME | JULIAN, CARI | | | | | IAME | | | | |
| STREET ADDRESS | | y windermere r | UAU | | 1.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | 32835 | | | | ITY-ST | -ZIP | | | |
| TITLE | | | | DELETE | 2.1 T | TTLE | ĺ | Ĺ | Cha | inge L Addition |
| NAME | | | | | 2.2 N | AME | ŀ | | | |
| STREET ADDRESS | | | | | 2.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | i | | | | 2.4 0 | ITY-SI | -ZIP | حق معورس برمارون | | |
| TITLE | | | | DELETE | 3.1 7 | ITLE | | [| Cha | ange Addition |
| NAME | | | | | 3.2 N | AME | | | | |
| STREET ADDRESS | 1 | | | | 3.3 \$ | TREET | ADDRESS | | | |
| CITY-ST-ZIP | - | | | | 3.4 0 | CITY-ST | r-ZIP | | | |
| TITLE | | | | DELETE | _ | ITLE | | | Cha | ange Addition |
| NAME | | | | | 4.2 N | AME | | · | | - |
| STREET ADDRESS | | | | | 4.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | | 4.40 | CITY-S! | r-ZIP | | | |
| TITLE | | | | DELETE | _ | TITLE | · | | Cha | inge Addition |
| NAME | Ì | | | OLLLIC | - 1 | AME | | _ | | |
| STREET ADDRESS | | | | | - 1 | | ADDRESS | | | |
| | | | | | | CITY-ST | | | | |
| CITY-ST-ZIP TITLE | | | | Delete | _ | ITLE | | Γ | 7 (% | ange Addition |
| | | | | L DELETE | | iAME | | L | | ange Addition |
| NAME | | | | | 1 | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | |
| CITY-ST-7IP | 1 | | | | 8 640 | CITY-ST | -ZIP | | | |

14. I 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 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.

ATURE CARE REJULIAN

SIGNATURE:

7/12/99

593407-90005-13 P97000070720 7/12/99

Ine just received a second notice for the Corporate Renewal of Bripon Annestment Enterprise Corp., because it had not been renewed by the May I Seadlene. I renewel 7 defferent corporations at that teme; the particular over ded not get to my office, either because of Pastal delivery or loss within The Complex. In requesting a mouver of the \$400 penalty I'm enclosing a Check for the \$ 150.00 fee. any assistance you could give me is the first time the minel revening one of our Corporation If you have any question please Call me Collect. 407-290-3000 Lelp on the Darra Sright