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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **245960** **(0)**

1. Corporation Name
BRICE-SOUTHERN INCORPORATED

Principal Place of Business
7811 WEST 2ND COURT
HIALEAH FL 33014

Mailing Address
7811 WEST 2ND COURT
HIALEAH FL 33014-4309

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 County 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 County 30

3. Date Incorporated or Qualified
03/25/1961

3a. Date of Last Report
04/23/1996

4. FEI Number
59-0952522

Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Has corporation had liability for intangible tax under s. 199.032, Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
BRICE,C ALLEN
7811 WEST 2ND COURTD
HIALEAH FL 33014

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, 1995, 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	BRICE,C ALLEN	
STREET ADDRESS	15188 LOCH ISLE DR. E.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	DVS	[ ] DELETE
NAME	BRICE,PHILLIP H	
STREET ADDRESS	6621 E. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

91 TITLE	[ ] Change	[ ] Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this report is true and accurate and that this report is executed in accordance with Section 607.0120(3), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment to this 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 added above or on an attachment with an asterisk.

SIGNATURE: 2/20/97 305 824-0040