0044885

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

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 286564

1. Corporation Name
BRIERWOOD BUILDERS, INC.

Principal Place of Business
C/O PHILIP SELBER
50 N. LAURA ST. #3900
JACKSONVILLE FL 32202

Mailing Address
C/O PHILIP SELBER
P.O. BOX 52687
JACKSONVILLE FL 32201-2687

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
10/30/1964

4. FEI Number
59-1060661
[ ] 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. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SELBER,PHILIP
50 N. LAURA ST. SUITE 3900
JACKSONVILLE FL 32202

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	T	[ ] DELETE
NAME	BERNARD, EDWARD E	
STREET ADDRESS	50 N. LAURA ST. SUITE 3900	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	[ ] DELETE
NAME	SETZER, LEONARD R.	
STREET ADDRESS	2623 FOREST CIRCLE CT.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	[ ] DELETE
NAME	KRAMER, MIRIAM	
STREET ADDRESS	6000 SAN JOSE BLVD 801	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	[ ] DELETE
NAME	SELBER, LEONARD A.	
STREET ADDRESS	959 MAPLE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	[ ] DELETE
NAME	FLETCHER, JULIUS	
STREET ADDRESS	4041 BARCELONA AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	[ ] DELETE
NAME	SELBER, PHILIP	
STREET ADDRESS	50 N. LAURA STREET SUITE 3900	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002857492--7
-04/29/99--01120--019
****150.00 ****150.00

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Philip Selber — April 15, 1999 — 904 396-3392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #