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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 453815

(3)

BRISCH'S, INC.

FILED Apr 25 1997 8:00am Secretary of State



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525 BRENT LANE PENSACOLA FL 32503-2003		525 BRENT LANE PENSACOLA FL 32503-200	525 BRENT LANE PENSACOLA FL 32503-2003					
					3. Date Incorporated or Qualified 05/29/1974		e of Las 4/199	t Report
2. Principal Pr	ace of Business	2a. Mailing Address			4. FEI Number	1		Applied For
		26			59-1531642			Not Applicable
Suito, Apt a	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		•	5 Additional Required
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be
<u>3</u>] Ζιρ	Country	28 Z p	Country		This corporation has liability for it			
4	25	29	30			ntangiole t		N S. 188.002,
11	9. Name and Address of Cu		1901		10. Name and Address of New Re			
FIF	MING, FLETCHER		81	Name				
	FLOOR SEVILLE TOWER			Chroat Add	fees (D.O. Day N. mhay is blat Assessed	le)		
	S. PALAFOX		82 Street Ad		Iress (P.O. Box Number is Not Acceptab	ne)		
	SACOLA FL		83	··········				
			84	City		FL	85 Z	ip Code
SIGNATURE					poration submits this statement for the p ation's board of directors. I hereby accep			
or and an experience of the contract of the co	5" just ne, type d'or printed name of registeres	d agent and title if applicable (NOT AND DIRECTORS	E. Registered Age	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECT	ODC IN 12
12. Hitti	STD	DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFIC	ENS AND	Chang	
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NAM4	BRISCH, JOHN W		1.2 NAME	ADDRESS			L.J CHANG	ile 🗀 vadicii
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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; the Lam an officer or cirector of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Plack 13 if changed or op an attachment with an address.

SIGNATURE:

IN PRINTED NAME OF SIGNING OFFICER DIRECTOR DIRECTOR Date Chysne Pla