FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 8:59

DOCUMENT # **566544** **(3)**

1. Corporation Name
HOUSE OF BRASS, ETC., ETC., INC.

Principal Place of Business	Mailing Address
% DOUGLAS ENGLISH 12201 N.W. 35TH ST. CORAL SPRINGS FL 33065	% DOUGLAS ENGLISH 12201 N.W. 35TH ST. CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1978
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1797269 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ENGLISH, DOUGLAS
14110 APPALACHIAN TRAIL
DAVIE FL 33325

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BLINDERMAN, HAROLD	12 NAME	BLINDERMAN, HAROLD	
STREET ADDRESS	4927 S HEMINGWAY CIRCLE, COCONUT KEY	13 STREET ADDRESS	8111 N.W. 91st AVE.	
CITY-ST-ZIP	MARGATE FL	14 CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DS	21 TITLE		☐ Change ☐ Addition
NAME	BLINDERMAN, ROSALIND	22 NAME		
STREET ADDRESS	8111 N.W. 91ST AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	BLINDERMAN, DAVID	32 NAME	BLINDERMAN, DAVID	
STREET ADDRESS	1006 CORAL CLUB DR.	33 STREET ADDRESS	4927 S HEMINGWAY CIRCLE, COCONUT KEY	
CITY-ST-ZIP	PARKLAND FL	34 CITY-ST-ZIP	MARGATE FLA 33063	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	ENGLISH, DOUGLAS	42 NAME		
STREET ADDRESS	14110 APPALACHIAN TRAIL	43 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ HAROLD L BLINDERMAN PRES 1-11-95 305 752-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0110001 CP