

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

FILED

Jan 23 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 566544 (3)

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

Principal Place of Business <b>% HOUSE OF BRASS 12201 N.W. 35TH ST. CORAL SPRINGS FL 33065 US</b>	Mailing Address <b>HOUSE OF BRASS 12201 N.W. 35TH ST. CORAL SPRINGS FL 33065-2570 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/23/1978</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-1797269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BLINDERMAN, HAROLD L  
8111 NORTHWEST 91ST AVENUE  
TAMARAC 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLINDERMAN, HAROLD	
STREET ADDRESS	8111 N.W. 91ST AVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BLINDERMAN, DAVID	
STREET ADDRESS	4927 S HEMINGWAY CIRCLE COCONUT KEY	
CITY-ST-ZIP	MARGATE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ENGLISH, CAROL	
STREET ADDRESS	14110 APPALACHIAN TRAIL	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLINDERMAN, HAROLD	
1.3 STREET ADDRESS	8111 NW 91st AVE	
1.4 CITY-ST-ZIP	TAMARAC FLA 33321	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ENGLISH, DOUGLAS	
2.3 STREET ADDRESS	1410 APPALACHIAN TRAIL	
2.4 CITY-ST-ZIP	DAVIE FLA 33325	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BLINDERMAN, ROSALIND	
3.3 STREET ADDRESS	8111 N.W. 91st AVE	
3.4 CITY-ST-ZIP	TAMARAC, FLA 33321	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BLINDERMAN, DAVID	
4.3 STREET ADDRESS	4927 S HEMINGWAY	
4.4 CITY-ST-ZIP	MARGATE FLA 33063	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ENGLISH, CAROL	
5.3 STREET ADDRESS	14110 APPALACHIAN TRAIL	
5.4 CITY-ST-ZIP	DAVIE FLA 33325	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:  HAROLD L BLINDERMAN 01-15-97 954-752-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)