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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 608046

(9)

B & R DESIGNS, INC.

| 1121 LEWIS AVE | 1121 LEWIS AVE | |
|-----------------------------|-----------------|---------|
| Principal Place of Business | Mailing Address | |
| | | <i></i> |

FILED May 16 1997 8:00am Secretary of State



| SARASOTA FL | E 34237 | 1121 LEWIS AVE Sarasota FL 34237-2926 | | Date Incorporated or Qualified | 3a. Date o | flast R | eport |
|--|--|--|---|--|-------------------------------|-----------------------------|--|
| | | | | 01/26/1979 | 04/26/ | | орогч |
| 2. Principa! Pla | ace of Business | 2a. Mailing Address | | 4. FEI Number | 1 -1(| | plied For |
| 21 | | 26 | | NOT APPLICABLE | | No | ot Applicable |
| Suite, Apt. (| #, etc | Suite, Apt. #, etc. | <u>-</u> | 5. Certificate of Status Desired | □ \$ | 8.75 / Fee Re | Additional equired |
| City & State | , | City & State | | Election Campaign Financing Trust Fund Contribution | | 5.00 Added t | May Be to Fees |
| Z(p) | Country 25 | Zip 29 | Country 30 | This corporation has liability for Florida Statutes | intangible tax Yes \[\] N | | . 199.032, |
| | 9. Name and Address of C | Current Registered Agent | | 10. Name and Address of New R | eglatered Age | nt | |
| BERG | SSTROM, LARS | | 81 Name | MARY BERGSTON | ١ | | |
| 1121 | LEWIS AVE ASOTA FL | | 82 Street | Address (P.O. Box Number is Not Accepta | ble) | | |
| OAID | OOIATE | | 83 () | 21 LEWIS AVENUE | - | | |
| • | | | 84 City | SARASOTA | FL ⁸ | | Code |
| 11. Pursuant to office or re agent. Lar | egistered agent, or both, in the in familiar with, and accept the | e State of Florida. Such change was a obligations of, Section 607.0505, Flo | authorized by the colorida Statutes. | d corporation submits this statement for the reporation's board of directors. I hereby acce | ept the appoint | nent as | registered |
| SIGNATURE | MARY BERRETT | 20M H | Mary Be | restrono. | DATE DATE | ين .≼ | 37_ |
| | | | | | | | |
| | Signature typed or printed name of regist | | E Requirered Agent signatur | required when reinstating) | | | |
| 12. | | ored agent and title if applicable. (NOT AS AND DIRECTORS DELETE | 13. | Applitions/Changes to Offi | CERS AND DIP | | |
| 12. | OFFICEF V | RS AND DIRECTORS | E Regulered Agent signally | ADDITIONS/CHANGES TO OFFI | CERS AND DIF | ECTOR | IS IN 12 |
| 12. | OFFICE | RS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFI PRESIDENT SHEN OLOF RIDDER | CERS AND DIF | ECTOR | IS IN 12 |
| 12. TIFLE NAME | OFFICER V RIDDER, SVEN OLOF | RS AND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFI | CERS AND DIF | ECTOR | IS IN 12 |
| 12. THEF NAME STREET ADDRESS | V RIDDER, SVEN OLOF TYKOVAGEN 4B | RS AND DIRECTORS | 13. 1.1 TIVLE 1.2 NAME 1.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFI PRESIDENT SUEN OLOF RIDDER 1121 LANIS AVELUE SARASOTA | CERS AND DIF | ECTOR | S IN 12 Addition |
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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 suppliemental 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:

SIGNATURE AND THEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Daylore Proce |