FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCL	IMFNT	#

624196

(2)

1. Corporation Name

BREMSHEY INVESTMENTS CORP.									
Principal Place o	of Business	Mailing Address				T (ABBY) BENCO (UDAN DIBON NIOLO IB		, 01866 84911 9	(O(0 0103) O(01) 3001
P.O. BOX 1		P.O. BOX 1889							
	30 SUNSET COVE 30 SUNSET COVE FLGLER BEACH FL 32316-4006 FLGLER BEACH FL 32316		32316-4006	eanne					
PLOLEN DE	NON PL 32310-4000	reacti beautife	02010 4000			3. Date Incorporated or Qualified 06/12/1979	3a. Dat	e of Last R 06/06/	
2. Principal Piace of Business		2a. Mailing Address			4. FEI Number				
21		26	26			59-2089530			
Suite, Apt. #, etc.		Suite Apt #, etc	·			5. Certificate of Status Desired			5 Additional Required
27						6. Election Campaign Financing			
	City & State		City & State			Trust Fund Contribution			00 May Be ed to Fees
23 Zip	Country	28 Zip	Cou	ntrv		8. This corporation has liability for in	ntangible t		
24	25	29	30	. ,		Florida Statutes			
24	9. Name and Address of Curren					10. Name and Address of New R	egistered	Agent	
				В1	Name				
MANES	RED, BREMSHEY			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	NSET COVE				directrice		<i>'</i>		
	R BCH. FL 32036			83					
				84	City			85 Z	lip Code
							FI	_ `	
or registere familiar with	ed agent, or both, in the State of Floric n, and accept the obligations of, Sect	da, Such change was author ion 607.0505, Florida Statute	zed by the (s.	corp	oration's doc	ration submits this statement for the pur ird of directors. Thereby accept the appo	pose of cr pinIment a	is registered	d agent. I am
	Signature, typed or printed have of condensed agos t OFFICERS AN		13.	I Ack	it activations rectain	ADDITIONS/CHANGES TO OFF		ID DIRECT	ORS IN 12
12.	PD	DELETE	1 1 1	3111				Change	
NAME	BREMSHEY, MANFRED		1 2 NA						
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NAME				AN E					
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CITY - ST - ZIP	I								t to a life at a constant

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)(k). 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 this corporal on or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)