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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 650818

(8)

BRHD, INCORPORATED

BRHD, IN	NCORPO	HAIED								
Principal Place o	of Business		Mailing Address	<del></del>					, (81) <b>(8)</b>	aišii 51511 1561
980 TYRONE BLVD. 980 TYRONE BLVD.										
ST. PETERSBUR			ST. PETERSBURG FL	. 33710						
							<ol> <li>Date Incorporated or Qualified 01/10/1980</li> </ol>	3a. Date 04/	28/199	95
2. Principal Plac	ce of Busines	SS	2a. Mailing Address			4. FEI Number	Applied For			
3			26			59-1961305		60.7	Not Applicable	
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired [] \$8.75 Additional Fee Requires			-	
2			City & State				6. Election Campaign Financing		\$5.C	O May Be
City & State			28				Trust Fund Contribution			ed to Fees
<b>3</b> Zip		Country	Zip Count				8. This corporation has liability for intangible tax u			199.032,
4		25	29	30	30		Florida Statutes Yes [] No  10. Name and Address of New Registered Agent			
·	g. Name i	and Address of Curre	nt Registered Agent		1		10. Name and Address of New H	egistered A	gent	
					81					
		ORP. OF PINELLAS	COUNTY	NTY		Street Add	lress (P.O. Box Number is Not Acceptab	le)		
980 TYRO			83	ļ						
ST PETER	rsburg fi	L 33710			63					
					84	City		FL	85 2	Zip Code
or registere familiar with	ed agent, or t h, and accep	poth, in the State of Flo at the obligations of, Sec	ction 607.0505, Florida Statu	ites.	· 001F	ioration o bo	oration submits this statement for the pur ard of directors. I hereby accept the app	pate	registere	ed agent. I am
	Signature typed o	or printed name of registered age	int and title if applicable  ND DIRECTORS	(NOTE: Register		nt signature rixqui	red when reinstating) ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
12.	DP	UFFICERS A	DELETE		TITLE	;	7,0011,010		Change	Addition
TITLE		IOWARD P	<b>L</b>	1.2	NAME					
NAME STREET ADDRESS		ONE BLVD		1.3	STREE	T ADDRESS				
CITY-ST-ZIP		RSBURG, FL 0		1.4	CITY-	ST-ZIP		<u>_</u>		F-3 1.100
TITLE	VD		☐ DELETE	2. 1	TITLE			L	Change	Addition
NAME		lia, anthony s		22	NAME					
STREET ADDRESS		ONE BLVD				T ADDR! SS				
CITY-ST-ZIP		RSBURG, FL 0				ST-ZIP			Change	e [ ] Addition
TITLE	STD	ALIDOCIA O ID	☐ DELETE		1 TITLE			_	_ • • •	
NAME	DICUS,	AUBREY O JR			NAME					
STREET ADDRESS		ione blyd. Ersburg fl				ET ADDRESS : ST-ZIP				
CITY - S1 - ZIP	31. FEI	LINDUNG FL	[7] DELETE		1 TITLE				Chang	e 🔲 Addition
TITLE NAME					NAME					
STREET ADDRESS				4.3	STREE	1 ADDRESS				
CITY-ST-ZIP				4.4	CITY-	ST-ZIP				. [ ] 433%
TITLE			☐ DELETE	5	1 TITLE			1	Chang	e 🔲 Additio
NAME					NAME					
STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP	<u> </u>		FIGER			ST-ZIP			Chang	e Add tio
TITLE			☐ DELETE	1	1 TITLE 2 Nieses			'	_	_
NAME					2 NAMI 9 STRE	ET ADDRESS				
STREET ADDRESS					A CITY.	. et. 710				
CITY-ST-ZIP	L codify that	the information supplie	ed with this filing is voluntarily		1 1		y for the exemption stated in Section 119	9.07(3)(k), Fl	orida Sta	tutes. I further
certify tha	it the informa	ation indicated on this al	nnual report or supplemental reporation or the receiver or to or an attachment with an	rustee empoi address.	irt is t wered	rue and soci d to execute	y for the exemption state all deciring the trace and that my signature shall have the this report as required by Chapter 607, f	lorida Statu	tes; and	that my name

SIGNATURE: