SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (2)BREXEL ENTERPRISES, INC. Principal Place of Business Mailing Address **824 DOGWOOD ROAD** 824 DOGWOOD ROAD NORTH PALM BCH. FL 33408 NORTH PALM BCH. FL 33408 3. Date incorporated or Qualified 3a. Date of Last Report 08/04/1981 10/13/1995 2. Principal Place of Business 2a. Mailing Address 4 EEt Number Applied For 21 59-2174817 26 Not Applicable Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEPHEN T. BREXEL BREXEL, STEPHEN T -143 YAOHT CLUB DR.: APT. #18-82 ADDRESS ldress (P.O. Box Number is Not Acceptable) <del>-North Palm Beach Fl-33408-</del> 83 84 NORTH PAUL BEACH 607, 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered day Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of Section 607,0505, Florida Statutes. 11. Pursuant to the provision of Sections 607.0 office or registered agagent. Lam familiar STEPHEN T. BREXEL SIGNATURE es re ostabnot 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (3/96 THILE DELETE 11 Till F Change Addition BREXEL, STEPHEN T NAME 1.2 NAME 140 YACHT-CLUB-DR. 410- 824 DOGWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS NORTH PALM BEACH FL 33408 N.P.B. FL 33408 CITY - ST - ZIP 14 CHY - ST - ZIP DELETE TITLE 21 TITLE Change Addition KENNEDY, CAROL NAME 2.2 NAME 4 CAT HOLLOW DR. STREET ADDRESS 2.3 STREET ADDRESS **BAYVILLE NY 11709** CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3 1 THTLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZiP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 Title F Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY - ST - 7IP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 64 CITY - ST - ZIP 14. Ido 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 officeror director of the cognitivation or the ecceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and made under oath, that I am an office that my name appears in Block 12 d ment with an address STEPHEN T. BREXEL 6/20/96 (407) 775-1468 **SIGNATURE:**