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

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F88090

BRIGHAM & BRIGHAM, P.A.

(8)

Mailing Address

|--|--|

FILED

Apr 23 1997 8:00am

Secretary of State

B181 MIAMI L MIAMI LAKES		B181 MIAMI LAKES DR W MIAMI LAKES FL 33016-58	161					
					3. Date Incorporated or Qualified 07/07/1982	3a. Date of Las		
2. Principal Place of Business 2a, Mailing Address					4. FEI Number	· · ·	Applied For	
26				59-2200883	59-2200883 Not Applica			
Suite, Apt. #, etc. Suite, Apt. #, etc.		27 Suite, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				6. Election Campaign Financing \$5.00 May Be			O May Be	
23	28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	⊢ ¬	Country 8. This corporation has liability for intangible 12x under s. 199.032,				
24	25 9. Name and Address of Cur	29 rent Registered Agent	30	0 Florida Statules Yes No 10, Name and Address of New Registered Agent				
ADI	· · · · · · · · · · · · · · · · · · ·	Total Neglistered Agent	81	/				
OTIONAM, DAVA F.								
	IMI LAKES FL 33016		82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	3				
			84	City		Fi 85 Z	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.								
SIGNATURE	Signature, typed or printed name of registered	and an Able of supplemble (MO)	I. Fine interest A.		equired when rehistating)	DATE		
12.		AND DIRECTORS	13.	Jeni signature re	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	p	☐ DECETE	1.1 THILE			☐ Chanç		
NAME	BRIGHAM, DANA P		1,2 NAME	Ì				
STREET ADDRESS			1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	MIAMI LAKES FL			S1 - ZIP				
TITLE) -·-		21 TITLE			∐ Chang	je 🛄 Addition 🏻	
NAME	A A A A A A A A A A A A A A A A A A A		2.2 NAME					
STREET ADDRESS	MINN LAVES EL			T ADDRESS				
CITY-ST-ZIP	MINIMI DAILOTE	DELFTE	2. 4 City 3.1 Title	- S1 - Z(P'		Chanc	e Addition	
NAME			3.2 NAME	}				
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. CITY	-ST - ZtP				
TITLE	☐ DELETÉ 411		41 TIFLE			Chang	je 🔲 Addition	
NAME			4. 2 NAM	Ē				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP		Dougle	4.4 CHY-	S1 - ZIP		Chanc	e Addition	
TITLE NAME	i i i i i i i i i i i i i i i i i i i		5.1 TITLE	1			ic Accition	
STREET ADDRESS			5.2 NAME	T ADDRESS				
CITY-ST-ZIP			5.4 City-					
TITLE		DELETE	6.1 TITLE	छ।÷धम		Chang	je Addition	
NAME			G.2 NAME					
STREET ADORESS			6.3 STREE	1 ADURESS			İ	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. I do hereby certify that the information supplied with this filling 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 12 if changed or or an attachment with an address.