

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 25 1997 8:00am
Secretary of State

DOCUMENT # F94000001097 (4)

1. Corporation Name

THE BRASS RING SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

500 MACAW LANE
#5
FERN PARK FL 32730
US

500 MACAW LANE
#5
FERN PARK FL 32730
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/04/1994

3a. Date of Last Report
01/24/1996

4. FEI Number

73-1190628

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPOSITO, RAY
551 E. SEMORAN BLVD.
SUITE E-5
FERN PARK FL 32730

*Change endorsed by
the Department
within same*

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

500 MACAW LANE #5

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STREET ADDRESS ESPOSITO, RAY
CITY-ST-ZIP 551 E. SEMORAN BLVD.
FERN PARK FL 32730

TITLE ☐ DELETE

NAME ST
STREET ADDRESS WEBER, CHARLES
CITY-ST-ZIP 2420 QUINAN RD.
SHAWNEE KS

TITLE ☐ DELETE

NAME D
STREET ADDRESS ORTENBERGER, DAVID
CITY-ST-ZIP 5530 E. 21ST ST.
TULSA OK 73138

TITLE ☐ DELETE

NAME D
STREET ADDRESS DEVORE, EARL
CITY-ST-ZIP 1234 LINCOLN AVE.
OTTAWA KS 66067

TITLE ☒ DELETE

NAME D
STREET ADDRESS QUENZEL, EARL
CITY-ST-ZIP 2929 ALLEN PKWY
HOUSTON TX

TITLE ☐ DELETE

NAME *Jim Philion*
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ray Esposito* SIGNATURE REQUIRED PRESIDENT 7-19-97 407-339-6688

CR2E037 (4/97)