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CORPORATION ANNUAL REPORT



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

1996

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

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<b>BRIGGS</b>	ΛF	DAVT	ΔMΩ	REACH	INC
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Principal Place of Business Mailing Address 701 METAIRIE RD. 701 METAIRIE RD. METAIRIE LA 70005 METAIRIE LA 70005 3a. Date of Last Report 3. Date Incorporated or Qualified 12/08/1994 04/19/1995 4. FEI Number Applied For 2a. Mailino Address 2. Principal Place of Business 72-1282893 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Ζıp Country  $Z_{10}$ Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 62 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. 83 **PLANTATION FL 33324** City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1. 1 TITLE TITLE BRIGGS, DAVID A JR 1.2 NAME NAME 701 METAIRIE RD. 1.3 STREET ADDRESS STREET ADORESS **METAIRIE LA 70005** 14 CITY - ST - ZIP C(TY-ST-Z(P ☐ Change ☐ Addition Š DELETE 2 1 TITLE TITLE DRAGO, DANNY 22 NAMÉ NAME 701 METAIRIE RD. 23 STREET ADDRESS STHEET ADDRESS **METAIRIE LA 70005** 2.4 CITY - ST - ZIP CiTY-ST-ZIP DELETE Change Addition 3. 1 TITLE 1171.6 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CHTY - ST - ZIP CHTY-ST-ZIP ☐ Change Addition DELETE 4 1 TITLE TOLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIF ☐ Change ☐ Addition DELETE DILE 6 1 TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 the corporation or 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 13 if changed, or on an attachment with an address.

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