FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H46577 (3)

1. Corporate Name
LARRY BRAZIL, INC.

Principal Place of Business
304 ALTHEA AVE.
TAMPA FL 33612

Mailing Address
304 ALTHEA AVE.
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1985
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-2503057
Annual Fee: Not Applicable

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

City & State
23
City & State
28

6. Election Campaign Financing Trust Fund Contributions: ☐ $5.00 May Be Added to Fees

24 Zip 25 29 Zip 30

8. Has corporation had income or expenses for under the Florida Income Tax Code? ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BRAZIL, LARRY
304 ALTHEA AVE.
TAMPA FL 33612

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named registered agent submits the statement of the purpose of transacting business as registered agent, and agrees to act in this capacity. As an officer of the corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligations of registered agent under Florida statutes.

Signature

12. Officers and Directors

Title	PS
Name	BRAZIL, LARRY
Street Address	304 ALTHEA AVE.
City State Zip	TAMPA FL
Title	VT
Name	BRAZIL, DORIS
Street Address	304 ALTHEA AVE.
City State Zip	TAMPA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City State Zip

14. I hereby certify that the facts stated in this report are true, and I am aware that false information submitted to a state agency or division is punishable pursuant to Section 817.155, Florida Statutes. I further certify that the corporation has complied with all provisions of Chapter 607, Florida Statutes, including, but not limited to, filing with the proper filing officer at the time prescribed by law any amendment or supplemental information required by law. I further certify that the corporation has paid all fees due to the State of Florida for filing such documents, and that the name and address of the registered agent and office is accurately stated herein.

SIGNATURE: Doris Brazil (Doris Brazil) 4-12-95 813-935-5978
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR

0206518 CP