FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # H99548 (0)

1. Corporation Name
BRITTANY LEIGH, INC.

Principal Place of Business	Mailing Address
2737 ENTERPRISE RD., E SUITE 111 CLEARWATER FL 34619 US	PO BOX 15626 CLEARWATER FL 34629-5626 US

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-2658100 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21: 1520 San Charles Dr.	26: 1520 San Charles Dr.
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Dunedin, FL	City & State 28: Dunedin, FL
Zip 24: 34698 / Country 25: USA	Zip 29: 34698 / Country 30: USA

9. **Name and Address of Current Registered Agent**

SALMON, EDWIN B JR
2737 ENTERPRISE RD E
UNIT 111
CLEARWATER FL 34619

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Director (only)	☑ Change ☐ Addition
NAME	SALMON, EDWIN B., JR.		1.2 NAME	Salmon, Edwin B, Jr.	
STREET ADDRESS	2737 ENTERPRISE RD., E #111		1.3 STREET ADDRESS	1520 San Charles Dr.	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	SD	☐ DELETE	2.1 TITLE	President, Director	☑ Change ☐ Addition
NAME	DAVID E. SALMON		2.2 NAME	David E. Salmon	
STREET ADDRESS	2737 EMTER¢ROSE RD/. E #11		2.3 STREET ADDRESS	1520 San Charles Dr.	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		☐ DELETE	3.1 TITLE	Secretary / Treasurer	☐ Change ☑ Addition
NAME			3.2 NAME	Cesar Muniz	
STREET ADDRESS			3.3 STREET ADDRESS	1520 San Charles Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		☐ DELETE	4.1 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		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [signature] May 2 '97 813-791-9287