

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 22 1998 8:00am  
 Secretary of State



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

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

DOCUMENT # **J24059 (4)**  
 1. Corporation Name  
**BRIT AM, INC.**



Principal Place of Business  
**1311 N UNIV DR  
 CORAL SPRINGS FL 33071  
 US**

Mailing Address  
**1311 N UNIV DR  
 CORAL SPRING FL 33071  
 US**

DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>07/15/1986</b>  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>59-2693533</b>  | Applied For<br>Not Applicable                            |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                    |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                     | <b>\$5.00</b> May Be Added to Fees                       |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |  |  |    |          |
|---|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent |  |    |          |
| <b>RUSSELL, RICHARD<br/>10235 WEST SAMPLE ROAD<br/>SUITE 107<br/>CORAL SPRINGS FL 33065</b> |  | 81   | Name   |    |          |
|   |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |          |
|   |  | 83   |  |    |          |
|   |  | 84   | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>PO</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PATEL, KIRIT</b>                       | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1311 UNIVERSITY DR</b>                 | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL</b>                   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PATEL, GILDINA</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>1311 UNIVERSITY DR</b>                 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CORAL SPRINGS FL</b>                   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       |   |

*[Handwritten Signature]*

**100002602131**  
 -07/30/98--01003--044  
 \*\*\*150.00

14. I 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 reports 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: \_\_\_\_\_ *[Handwritten Signature]* 15<sup>th</sup> July 1998 454 752 8680

CR2E034 (5/98)

16/July/78



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Dear Sir, Further to our telephone conversation of today, I am writing to explain that I did not receive 1ST NOTICE. Otherwise we would have paid, nobody in their right mind want to risk having to pay the penalty. It is not rare that our mail has been put in the wrong Box <sup>OR LOST.</sup> This month our BANK STATEMENTS were passed to us by other means. For small business like ours of \$550. is a huge amount. We request for your kind consideration in the matter. Thanking you  
Yours sincerely,  
Kirk Patis, For