

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K37171** (1)

1. Corporation Name
BRICKMAN IV, INC.



Principal Place of Business: **8618 ORETO DR. PORT RICHEY FL 34668 US**
Mailing Address: **8618 ORETO DR PORT RICHEY FL 34668 US**

3. Date Incorporated or Qualified: **10/01/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0078638**
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: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**BRICKMAN, ROBERT
8618 ORETO DRIVE
PORT RICHEY FL 34668**

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: _____ DATE: _____
Signature of Registered Agent or Registered Agent in Charge: _____
With Registered Agent in Charge: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	<input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRICKMAN, ROBERT		1.2 NAME: _____	
STREET ADDRESS: 3519 PKWY BLVD		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: LAND O LAKES FL		1.4 CITY-STATE-ZIP: _____	
TITLE: DST	<input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BRICKMAN, MARGARET V.		2.2 NAME: _____	
STREET ADDRESS: 3519 PKWY BLVD		2.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: LAND O LAKES FL		2.4 CITY-STATE-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-STATE-ZIP: _____		3.4 CITY-STATE-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-STATE-ZIP: _____		4.4 CITY-STATE-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-STATE-ZIP: _____		5.4 CITY-STATE-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-STATE-ZIP: _____		6.4 CITY-STATE-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, deleted or in attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-849-0048

CR2E034 (12/95)