

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K68907** (0)

1. Corporation Name
BRER FOX OF DUNEDIN, INC.



Principal Place of Business: **C/O GARCIA ENTERPRISES, INC. 7243 BRYAN DAIRY RD. LARGO FL 34647 US**

Mailing Address: **C/O GARCIA ENTERPRISES, INC. 7243 BRYAN DAIRY RD. LARGO FL 34647 US**

3. Date Incorporated or Qualified: **02/28/1989**
3a. Date of Last Report: **05/31/1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: **59-2934670**
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

9. Name and Address of Current Registered Agent
**GARCIA, MARTIN L
HILL, WARD & HENDERSON, P.A.
101-E KENNEDY BLVD., SUITE 3700
TAMPA FL 33602**

10. Name and Address of New Registered Agent
81 Name: **Martin L. Garcia**
82 Street Address (P.O. Box Number is Not Acceptable): **7243 Bryan Dairy Road**
83
84 City: **Largo** FL 85 Zip Code: **34647**

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 Resigning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	GARCIA, MANUEL	
STREET ADDRESS	7243 BRYAN DAIRY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARCIA, MARSHALL	
STREET ADDRESS	7243 BRYAN DAIRY RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, MARTIN L	
STREET ADDRESS	7243 BRYAN DAIRY R	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 NAME	Manuel Garcia	
3 STREET ADDRESS	4933 New Providence	
4 CITY-ST-ZIP	Tampa FL	
2 TITLE	DPST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Marshall Garcia	
23 STREET ADDRESS	16011 Amberly Drive	
24 CITY-ST-ZIP	Tampa, FL	
3 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 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 included 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 in an attachment with an address.

SIGNATURE: *Manuel Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 813 5451788
Date Date of Filing

CR2E034 (12/95)