FILE NOW: FILING FEE AFTER MAY 1 IS $55[illegible]00

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]m
Secretary of St[illegible]
DIVISION OF CORPO[illegible]IONS

DOCUMENT # **K68907** **(0)**

1. Corporation Name
BRER FOX OF DUNEDIN, INC.

Principal Place of Business	Mailing Address
C/O GARCIA ENTERPRISES. INC. 7243 BRYAN DAIRY RD. LARGO FL 34647 US	C/O GARCIA ENTERPRISES. INC. 7243 BRYAN DAIRY RD. LARGO FL 33777-1538 US

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 15950 Bay Vista Drive
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Clearwater, FL
Zip 29 34620 Country 30 US

4. FEI Number: 59-2934670 App[illegible] Not

5. Certificate of Status Desired ☐ $8.75 Ac[illegible] Fee Rec[illegible]

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 [illegible] Added t[illegible]

8. This corporation has liability for intangible tax under [illegible].032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARCIA, MARTIN L
7243 BRYAN DAIRY ROAD
101-E KENNEDY BLVD., SUITE 3700
LARGO FL 34647

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 15950 Bay Vista Drive
83 Suite 250
84 City Clearwater FL 85 Zip Code 34620

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] (NOTE: For profit Agent signature required when reinstating) DATE 3/11/97
Signature, officer's printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, MANUEL		1.2 NAME	
STREET ADDRESS	4933 NEW PROVIDENCE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DPST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, MARSHALL		2.2 NAME	
STREET ADDRESS	16011 AMBERLY DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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] 3/11/97