FILE NOW: FILING FEE AFTER MAY 1 IS \$2 5.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT

Sandra B. Morth

Secretary of Sta

DIVISION OF CORPO HOMS

DOCUMENT #

CHTY-ST-ZIP

SIGNATURE:

BRIDA

L11094

(4)

BRIAN JOHN HOLT ASSOCIATES, INC.

Principal Place of Business Mailing Address						J. (BOYAN) BAN JEBUN 11811 ONLIN MASE NICHE NUMT RENT BENTE BIRLE AND AND AND AND AND AND AND AND AND A					
9142 DOLLANGER COURT ORLANDO FL 32819			9142 DOLLANGER COURT ORLANDO FL 32819								
							3. Date Incorporated or Qualified 08/23/1989			Report 1995	
2. Principal Place of Business			2a. Mating Address				4. FLI Number 59 29 45			Applied For	
21		26	· [-, -, -				NOT ATTLICABLE	···	Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.							75 Additional e Required	
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be			
23		28		-т			Trust Fund Contribution			ied to Fees	
Ζιρ 24	Country 25	29	Zip	30 Coul	жу		8. This corporation has liability for Florida Statutes Yes	intangible ta: No	k under	s 199.032,	
24	9 Name and Address of Currer		ered Agent	130			10. Name and Address of New F		gent		
					81	Name					
HOLT, BRIAN JOHN 9142 DOLLANGER CT						Street Add	reet Address (P.O. Box Number is Not Acceptable)				
										<u> </u>	
ORLANI	DO FL 32819				83						
				Ì	84	City		FI	85	Zip Code	
SIGNATURE	n, and accept the obligations of, Sectional accept the obligations of Sections and Section 1997 and Section 1997	tacith da	pplace (N	O's Regulated	Ager	t signature regions	ad wrat, qe sdatngi	DAT:	DIDGO		
12.	OFFICERS AN	D DIREC	TORS DELETE	13.	 Ti C		ADDITIONS/CHANGES TO OFF		DIREC 1 Chanc		
TITLE NAME	HOLT, BRIAN JOHN		E.J DELLIE	1 2 NA				_	_ Grang	e [] Addition	
STREET ADDRESS	9142 DOLLANGER CT.					ACORESS					
CITY - ST - ZIF	ORLANDO FL					if - 2 (P					
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NAME				2 2 NA	ME						
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City - St - ZiP			☐ DELETE	2 4 0t		it ziP			Chang	e 🔲 Addition	
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STREET ADDRESS						LADDRESS					
CITY-ST-ZIP				3 4 01		1					
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NAME				62 N				L			
STREET ADDRESS						ADDRESS					

6.4 CITY - ST - ZiP

14. To hereby certify that the information supplied with this fring is voluntarily formshed 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 suppliemental armual 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 trusted en powered to execute this report os required by Chapter 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if cruit a attachment with an address

AME OF SIGNING OFFICER OR DIRECTOR

PRAS