

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90074 030 ***150.00

03/14/99

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L35614

1. Corporation Name
BARBARA BRENNAN REALTY, INC.

Principal Place of Business C/O BARBARA L. BRENNAN 244 N WOODLAND BLVD. STE. 2 DELAND FL 32720	Mailing Address C/O BARBARA L. BRENNAN 632. 244 N WOODLAND BLVD. STE. 2 DELAND FL 32720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 632 N. Woodland Blvd Suite, Apt. #, etc. 22 Ste. 2 City & State 23 Deland FL Zip Country 24 32720 25 USA	2a. Mailing Address 26 632 N. Woodland Blvd Suite, Apt. #, etc. 27 Ste 2 City & State 28 Deland FL Zip Country 29 32720 30 USA
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3. Date Incorporated or Qualified 12/12/1989	4. FEI Number 59-2982181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BRENNAN, BARBARA L.
 632 ~~244~~ N. WOODLAND BLVD
 SUITE ~~2~~
 DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	632 N. Woodland Blvd
83	Ste 2
84 City	Deland FL
85 Zip Code	32720

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 Barbara L. Brennan Barbara L. Brennan, Pres. 1/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, BARBARA L.	
STREET ADDRESS	1810 ANCHOR AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRENNAN, WILLIAM J.	
STREET ADDRESS	1810 ANCHOR AVENUE	
CITY-ST-ZIP	DELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Barbara L. Brennan, Pres. 1/27/99 9047345655
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)