

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 # L38515 (7)

1. Corporation Name

BRIANNA JORDAN, INC.



Principal Place of Business

% MICHELE STEGURA KERRIGAN
7 NORTHEAST 14TH AVENUE
POMPANO BEACH FL 33060

Mailing Address

% MICHELE STEGURA KERRIGAN
7 NORTHEAST 14TH AVENUE
POMPANO BEACH FL 33060

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

KERRIGAN, MICHELE S.
7 NORTHEAST 14TH AVENUE
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

12/27/1989

3a. Date of Last Report

04/04/1995

4. FET Number

65-0162191

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

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

SIGNATURE

Signature (typed or printed name of signing officer or director)

Signature (typed or printed name of signing officer or director)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME KERRIGAN, MICHELE S.
STREET ADDRESS 841 S.W. 2ND AVE.
CITY-STATE-ZIP POMPANO BEACH FL

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CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 or changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Stegura Kerrigan

President 2/25/96

954-943-5437

Duplicate Filing

CR2E034 (12/95)