05-06-1999 90080 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L57242

1. Corporation Name

BRISBANE ENTERPRISES, INC.

Principal Place	of Business	Mailing Address	Mailing Address				1 (90)(91) 25: 21:11 (83) (83)				
7280 W. PALME	TTO PK RD	520 LAKE COOK ROAD									
STE 310		SUITE 380				Ì	DO NOT WIDE	CE IN THIC	CD 4 CC		
BOCA RATON F	L 33433	DEERFIELD IL 60015				-	DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualifed 03/07/1990				
2. Principal Pl	ace of Business	2a. Mailing Address				1	4. FEI Number			App	lied For
21		26				38-2920210			Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.	75 A	Iditional
22		27					5. Certificate of Status Desired		Fe	e Req	uired
City & State	9	City & State					6. Election Campaign Financing		\$5	.00 k	lay Be
23		28				Trust Fund Contribution		Ad	ded to	Fees	
Zip	Country	Zip Country					8. This corporation owes the curre	ent year Inta	ingible		
24	25	29	30			\	Personal Property Tax.		Yes	[∃No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New R	egistered A	Agent		
					Na	ame					
	aino, edward			92	C+.		s (P.O. Box Number is Not Accepta	ble)			
	rman, senterfitt & Eidson, Pa	82			Su	IBBL MODIES	s (F.O. Box Number is Not Accepte	,Die)			
1 SE	THIRD AVE., 28TH FLOOR			83	$\overline{}$						
MIAM	II FL 33133				_						
				84		•		FL		Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the al	bove	a-nar	med corpora	ation submits this statement for the	purpose of	hangin	g its r	egistered etored
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida, Such change was a ons of, Section 607,0505, Flo	utnorized rida Stati	i by i utes.	tne c	corporation	s board of directors. I hereby accep	it the appoin	unenca	25 IEG	Sierea
=	Tarimar Wall and Google and Gongan										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ri					nt signs	ature required w	hen reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	DP □ DELETE			1,1 TITLE					Cha	inge	☐ Addition
NAME	VALASSIS, DOUG T.		1.2 NA	ME							
STREET ADDRESS	7280 W. PALMETTO PK ROAD #	310	1.3 STREET ADDRESS			RESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CT	TY-ST	T-ZIP	Ì					
TITLE	DVTS DELETE			TLE					Cha	nge	☐ Addition
NAME	VALASSIS, D CRAIG			2.2 NAME							
STREET ADDRESS	7280 W. PALMETTO PK R. #310			2.3 STREET ADDRESS							
	BOCA RATON FL			2.4 CITY-ST-ZIP							
CITY-ST-ZIP	D DELETE			TLE	1-21			_	☐ Cha	ange	☐ Addition
TITLE	MILLER, ROBERT L			3.2 NAME					_	•	
NAME				3.3 STREET ADDRESS							
STREET ADDRESS	7280 W PALMETTO PK RD \$310										
CITY-ST-ZIP	BOCA RATON FL			3.4. CITY-ST-ZIP 4.1 TITLE					☐ Cha	nne	Addition
TITLE										9-	
NAME			4. 2 N								
STREET ADDRESS					T ADDR	- 1					
CITY-ST-ZIP	07.57			4.4 CITY-ST-ZIP					☐ Cha		Addition
TITLE		☐ DELETE	5.1 117							มฟูธ	
NAME			5.2 N≠								
STREET ADDRESS					T ADDR	RESS					
CITY-ST-ZIP			5.4 CI		r-zip						—
TITLE		☐ DELETE	6.1 TI						Cha	ange	Addition
NAME			6.2 N/								ļ
STREET ADDRESS			6.3 51	REET	TADDR	RESS					

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 supplied hal 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 conforation of the requirer 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: