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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000015270 (1)

1. Corporation Name
BRUSHTEC, INCORPORATED



Principal Place of Business
415-F PARQUE DR
ORMOND BEACH FL 32174
US

Mailing Address
415-F PARQUE DR
ORMOND BEACH FL 32174-8816
US

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

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

04/01/1996

4. FEI Number

59-3241157

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL, ROBERT E
920 OLD MILL RUN
ORMOND BEACH FL 32174

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of the person appointed agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPC
MICHAEL, ROBERT E
920 OLD MILL RUN
ORMOND BEACH FL 32174

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
MICHAEL, ALBERT J
2100 GULF SHORE BLVD APT 111
NAPLES FL 33939

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
LEWIS, EBEN W
415-F PARQUE DR
ORMOND BEACH FL 32174

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ROLLER, GEORGE H.
20 CROOKED TREE TR
ORMOND BEACH FL 32174

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DUSART, ROBERT L. DIRECTOR
920 OLD MILL RUN
ORMOND BEACH FL 32174

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 included 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: Robert E. Michael ROBERT E. MICHAEL PRESIDENT 3-14-97 904-676 0206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)