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FILED

**May 15 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 # P93000011038 (5)

1. Corporation Name
BREN ENTERPRISES, INC.



Principal Place of Business

**28 STREET & MERIDIAN AVE.
MIAMI BEACH FL 33140
US**

Mailing Address

~~1251 SUSSEX DR.
NO. LAUD. FL 33068-5334
US~~

3. Date Incorporated or Qualified **02/12/1993** 3a. Date of Last Report **11/04/1996**

2. Principal Place of Business
21 **1111 NE 23 CT**
Suite, Apt. #, etc.

2a. Mailing Address
26 **1111 NE 23 CT**
Suite, Apt. #, etc.

4. FCI Number **65-0387714** Applied For
Not Applicable

22 City & State
Pompano Bch FL

27 City & State
Pompano Bch, FL

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **33064** 25 Country **Broward**

29 Zip **33064** 30 Country **Broward**

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

**THOMAS, BRENDA
1251 SUSSEX DR.
NO. LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name, _____
82 Street Address (P.O. Box 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, BRENDA	
STREET ADDRESS	1251 SUSSEX DR.	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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 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.

SIGNATURE: *Brenda Thomas* Brenda Thomas 11/20/97 9541 724-8549

CR2E034 (9/96)