FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

P93000026463 (8)

DOCUMENT # 1. Corporation Name

BRP-JPP, INC.

5111 01	, , , , , ,									
Principal Place 6039 CYPRES WINTER HAVE	Mailing Address 6039 CYPRESS GARDEI WINTER HAYEN FL 338	GARDENS BOULEVARD N FL 33884				I IOONIAAN RIO IOIGO NIAN ORIIA BURA	OOM FOME W	JIU BIRII UIUII	I DIIDO PRII IQUE	
US		US				3.	Date Incorporated or Qualified 04/12/1993		of Last R	
2. Principal Pla	ce of Business	2a. Mailing Address				4.	FEI Number 59-3188391		├ ── ┼	Applied For Not Applicable
Suite, Apt. #	etc.	Suite, Apt. #, etc.	27			5.	Certificate of Status Desired			Additional Required
City & State	Country	City & State	28				Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees
Zip 24	Country 25 9. Name and Address of Currer	Zip 29 It Registered Agent	30	y		<u> </u>	This corporation has liability for in Florida Statutes Yes Name and Address of New R	□No		199.032,
			8	п	Nanie					
PROVENCHER, BERNARD R 2102 JONATHAN LANE S.E.			8	82 Street Address (P.O. Box Number is Not Acceptable)						
WINTER	HAVEN FL 33884		8	13						
			8	4	City			FL	85 Zq	o Code
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Flore n, and accept the obligations of, Sect	da. Such change was authorize								
SIGNATURE										
12.	Signature, typed or printed name of registered age in OFFICERS AN	an interrappicate MOI DIDIRECTORS	E Skap Jered A. ■ 13.	ğent.	signature regimed w		rstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS IN 12
TITLE	P	DELETE	1 1 TIFL	E	T				Change	Addition
NAME	PROVENCHER, BERNARD R.		1.2 NAM	E				-		
STREET ADDRESS	2102 JONATHAN LANE		1.3 STRE	ELA	ADDRESS					
CITY - ST - ZIP	WINTER HAVEN FL		1.4 CITY	- \$1	r- z ıp					
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NAME	PROVENCHER, JOAN P.		2 2 NAM	E						
STREET ADDRESS	2102 JONATHAN LANE		2 3 STRE	£1.4	ADORESS					
CITY - ST - ZIP	WINTER HAVEN FL	ET por exe	2 4 CITY		· ZIF			··-		
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CITY-ST-ZIP TITLE		DELETE	4 1 TIFL		-211				Change	Addition
NAME			4.2 NAM					•	_ •	
STREET ADDRESS			4.3 S1R8	ET A	ADDRESS					
CITY-ST-ZIF			4.4 CiTY	-ST	I - ZIF					
TITLE		☐ DELETE	5 1 TITL	.ŧ					Change	☐ Add₁tion
NAME			5.2 NAM	E						
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CITY - ST - ZIP		f of the	5.4 C(1)		- ZIF					C Maria
TIFLE		☐ DELETE	6 1 1111					L	Change	Addition
NAME CZOSEZ ADDOCEC			6 2 NAM		ADDRESS					
STREET ADDRESS					ADDRESS					
14. I do hereby	/ certify that the information supplied	with this filing is voluntarily furni	64 City shed and do			tne e	exemption stated in Section 119.	07(3)(k), Fig	orida Statut	es. I further
cert/fy that oath; that I	the information indicated on this arms am an officer or director of the corpo Block 12 or Block 13 if changed, or a	ual report or supplemental annu pration or the receiver or trusted on an attachment with an addre	ial report is i empowere ess	tru∈ d to	e and accurate o execute this r	and tepor	that my signature shall have the t as required by Chapter 607, Fli	same legal orida Statut	effect as if es; and the	made under at my name
SIGNAT	URE: / SIGNATURE AND TYPES OF	AMMUNICAL REPRINTED NAME OF SIGNING OFFICE	Dey,	40	and R.	41	ovencher 4/2	K6	W/S Autrie Phono	15-825X