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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052374 (4)

BRIMAR ENTERPRISES, INC.

Principal Place of Business Mailing Address															
110 NE 2ND STREET BOCA RATON FL 33432 US					3308 NE 29TH AVENUE LIGHTHOUSE POINT FL 33064-8518										
											 Date Incorporated or Qualified 07/26/1993 	fied 3a. Date of Last Report 04/26/1996			
2. Principal Place of Business					2a. Mailing Address						4. FEI Number				olied For
21	21				26						65-0427545			Not	Applicable
Suite, Apt. #, etc.				L	Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.	75 A	dditional
22	22				27						8. Certificate of Status Desired	LJ	Fe	e Rec	quired
City & State					City & State						6. Election Campaign Financing	_	\$5.	.00	May Be
23				28							Trust Fund Contribution		Ad	ded to	Fees
	Zip	p Country			Zip Cou			•			8. This corporation has liability for intangible tax under s. 199.032,				
24		25			29 30			Florida Statutes				X Yes No			
		9. Name	and Address of Curi	ent Regis	tered Ager	ıt		ļ.,	γ		10. Name and Address of New F	egistered /	gent		
	LOG	WE, E K					81	Name							
3308 NE 29TH AVENUE								82 Street Address (P.O. Box Number is Not A				ible)			
LIGHTHOUSE POINT FL 33064															
								83							
								84	City	 			85	Zip C	ode
									,			FL		ت م,	
11	, Pursuant i	to the provis	sions of Sections 607.0	502 and 6	07.1508, Fi	orida Statu	tes, the a	boy	e-named	corpo	ration submits this statement for the	purpose of	changi	ing 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 agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													n as r	ерікіетес	
SIGNATURE Signature typed or priced have of registered agent and little d'applicable (NOTE: Registered Agent signature required when reinstating)															
ļ		Signature types				O/A)			ent signature	e required		DATE			
12		<u> </u>	OFFICERS /	NO DIREC		DELETE	13.				ADDITIONS/CHANGES TO OFF	CERS AND			Addition
TITI	i	SD	P 1/		LJ	DELETE		ITLE					L Cha	uñs	L. Aboillon
NAf		LOGUE,						NAME							
ı	REE1 ADORESS		29TH AVE.						ADDRESS						
	Y - \$1 - 2IP		ouse point fl			DEL CTC		ATY-S	ST-ZIP						T 4 1 60
1111		PD			LJ	DELETE	2.1 1						Cha	nge	Addition
NAI			NANCY J					NAME							
ŀ	IREET ADDRESS 3308 NE 29TH AVE.							2.3 STREET ADDRESS				i.			ŀ
	Y-ST-7/P	LIGHTH	DUSE POINT FL			051.575			ST-ZIP		······································				F 1 4 2 0 00
7171					LJ	DELETE	. I	HTLE					L Cha	nge	Addition
NA!	MĒ						3.2	NAME							
STF	REET ADDRESS						3.3 \$	STREET	ADDRESS						
	Y-SI-ZIP		,			DF: 5**			ST-ZIP	↓					
16					L)	DELETE		TITLE					L. Cha	nge	Addition
NAI								NAME							
STF	REET ADDRESS						4.3 9	STREET	ADDRESS	1					
	Y-ST-ZIP								ST-ZIP	ļ	······································				
TiTi	t F					DELETE	5.1 1	TITLE					☐ Cha	nge	Addition
NA!	ME						5.2 (NAME							
STF	REET ADDRESS						5.3 \$	STREET	ADDRESS						
CIT	Y - ST - ZIP						5.4 (CITY-S	31 - ZIP						
TIT	LE					DELETE	6.1	TITLE					Cha	nge	Addition
NAI	ME						6.21	NAME							

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Ido 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

SIGNATURE:

appears in Block 12 or Bloc

STREET ADDRESS

CHY-ST-ZIP

if changed, or on an attachment with an address

FILED

Feb 06 1997 8:00am

Secretary of State