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

PROFIT CORPORATION ANNUAL REPORT



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

ANNUAL REPUR
1996

DOCUMENT #

P93000055883 (1)

BRITANNIA CORPORATION

Principal Place of Business Mailing Address					E HODILOUDI ION ADABO BATH DOKIN DOKIN	0848 80148 01101 01101 10101 10101 10104 1111 1010
2400 E COMMERCIAL BLVD SUITE 709 FT LAUDERDALE FL 33308		2400 E COMMERCIAL BLVD SUITE 709 FT LAUDERDALE FL 33308				
		TO DIODETONIE TE			 Date incorporated or Qualified 08/10/1993 	3a. Date of Last Report 02/08/1995
2. Principal Pla	ce of Business	2a. Malling Address			4. FEI Number 65-049 -APPLIED FOR	
Suite, Apt. #	ł. etc.	Suite, Apt. #, etc.	·		-ATTLIED FOR	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes Yes		
24	25 9. Name and Address of Current	29 Registered Agent	[30]		Florida Statutes Yes 10. Name and Address of New R	
	<u> </u>	Trogration Agorit	81	Name	(U, Italiie alid Address of New A	edistated Wigatir
CLARK.	THOMAS M ESQ				(0.0 0.1)	
	COMMERCIAL BLVD		82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)
SUITE 8	20		83			
FT LAUD	DERDALE FL 33308		84	City		■■ 85 Zip Code
			l' i	,		FL
i or registere	ed agent, of both, in the State of Florida	a. Such chaode was authori	zed by the com	named corp	oration submits this statement for the pur pard of directors. Thereby accept the appo	pose of changing its registered office
familiar witi	h, and accept the obligations of, Section	n 607.0505, Florida Statute	S.		a a a crotisio. Thereby boospi the appe	Similar de registeres agent. I din
SIGNATURE _	Signature, typod or printed name of registered agent a	od 191. If west roble	OTE Registered Agen			
12.	OFFICERS AND		13.	r. signa.tre requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE			☐ Change ☐ Addition
NAME	MANUS, LIBBY		1.2 NAME			
STREET ADDRESS	2400 E COMMERCIAL BLVD	# 709	1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE EL 33308		1.4 CITY - S	T-ZIP		
TITLE	D	DELETE	2. 1 TITLE			Change Addition
NAME	WEISS, SAM	4700	2 2 NAME			
STREET ADDRESS	2400 E COMMERCIAL BLVD FT LAUDERDALE FL 33308	FIUS	23 STREET			
CITY-ST-ZiP TITLE	D	[] DELETE	24 CHY-S 3 1 TITLE	T - ZIP	7	Change
NAME	WEISS, JOE		3 2 NAME	1	D WEISS, JOE 2400 E Commercial E 7T, Lauderdale, F	Change
STREET ADDRESS	2400 E COMMERCIAL BLVD	#820	3.3 STREET	ADDRESS	2400 E COMMERCIAL I	3/Vd #709
CITY-ST-ZIP	FT LAUDERDALE FL 33308		34 CHY-S	IT-ZIP	FT. I widerdal. F	FL 33308
TITLE		DELETE	4 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		·
CITY - ST - ZIP		F3.00.57	44 CITY-S	T-ZIP		
TITLE		☐ DEFELE	5. 1 TITLE	}		Change Addition
NAME STREET ADDRESS			5.2 NAME	ADDOLOG		
CITY-ST-ZIP			5.3 STREET 5.4 C/TY - S	1		
TITLE		DELF 1E	6.1 TITLE	1-11		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP		_	6.4 City-S	T - 7+P		
14. I do hereby certify that	certify that the information supplied wi	th this filing is voluntarily fur	nished and does	s not qualify	for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
oath; that I appears in	am an officer or director of the corpora Block 12 or Block 13 if changed, or of	ori of the eceiver or truste an attackment with an ado	ee empowered t lress	lo execute t	for the exemption stated in Section 119.1 rate and that my signature shall have the his report as required by Chapter 607, Fig.	orida Statutes; and that my name

SIGNATURE:

SIGNATURE AND WEST OR PHINTED NAME OF SIGNING OFFICE OR DIRECTOR

4/30/96 (754)491-3379

CR2E034 (12/95)