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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMEN I #	P94000012173	lo
BRIAN JOHNSON	enterprises, Inc.	

Mailing Address Principal Place of Business 7163 W OAKLAND PARK BLVD. 7163 W OAKLAND PARK BLVD. LAUDERHILL FL 33313 LAUDERHILL FL 33313 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1995 02/10/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent Country Country Zio 30 29 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, BRIAN 82 8391 N.W. 37TH STREET 83 SUNRISE FL 33351 Zip Code 84 City 85 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. DATE SIGNATURE (NOTE: Registered Agent signature recorded when renshating) (12/95)Signature, typed or printed name of registers if agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 1 1 TITLE THILE CR2E034 JOHNSON, BRIAN E NAME 8391 NW 37TH STREET 1.3 STREET ADDRESS STREET ADDRESS SUNRISE FL 1 4 CITY - ST - ZIP CITY-ST-ZIP [ ] Change Addition DELETE 2 1 THILE THILE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 3 1 1111 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHTY - ST- ZIP CITY - ST - ZIP ☐ Add₁tion DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6 1 117.6 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cartify 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 cartify that are notified 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 hment with an address. appears in Block 12 or Blo

6.4 CiTY - ST - ZiP

4-8-96 (305)