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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000012173 (8)

BRIAN JOHNSON ENTERPRISES, INC.

FILED May 14 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					1 11918 (1881 1181 1888 1811 1881	
7163 W OAKLAND PARK BLVD. 7163 W OAKLAND PARK			PARK BLVD.			
LAUDERHILL F	FL \$3 313	LAUDERHILL FL 33	JOERHILL FL 33313		DO NOT WOLLE IN TA	110 00 A O F
					DO NOT WRITE IN TH 3. Date Incorporated or Qualified	HIS SPACE
					02/10/1994	
2. Principal Pia	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-056 5783	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.).			\$8.75 Additional
22		27	ને		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	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	nt Hegistered Agent		81 Name	10. Name and Address of New Register	ed Agent
	INSON, BRIAN			or mame		
8391 N.W. 37TH STREET SUNRISE FL 33351				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
501	VMISE FL 33331			83		
				03		
				84 City		85 Zip Code
11. Pursuant to	o the provisions of Sections 607.056	2 and 607 1508 Florida 9	lalules the at	love-named cou	poration submits this statement for the purpos	
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change.	was authorized	by the corpora	tion's board of directors. I hereby accept the	appointment as registered
•	n samiliar with, and accept the oblig	alions of, Section 607.05L	is, Fiorida Stat	utes.		
SIGNATURE 3	Signature typed or printed name of registered ag	ent and 9le if applicable	(NOTE: Begistered	Agent signature rugi.	ired when reinstating) DAT	
12.		D DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICERS	<u> </u>
TITLE	P	☐ DEL£T	E 1.1 TII	LÉ		Change Addition
NAME	JOHNSON, BRIAN E		1.2 NA	ME		
STREET ADDRESS	8391 NW 37TH STREET		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CF	Y-ST-ZIP		7
TITLE		☐ DELFT	E 2.1 TIT	LE		Change Addition C
NAME			2.2 NA	ME		
STREET ADDRESS			2.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELET	E 3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-Sf-ZIP		
TITLE		☐ DELET		1		Change Addition
NAME			4.2 N	i i		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP		Doger		Y-S1-ZIP		1 0 4 A 4 7 1 1 1
TITLE		DELET				☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS				REET ADDRESS		1
CITY-ST-ZIP		DELET		Y-SI-ZIP		Change Addition
TITLE		L_J UELET				L Change L Addition
NAME			62 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		_	64 CI	Y-SI-ZIP]

14. Thereby 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, from an attachment with an address.

ACC (0011)677-1717