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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

1	1996	DIVISION OF	CORPORATIONS				
DOCUN 1. Corporation	MENT # P9400	0040966 (1)	<u> </u>				
BRENDA	A'S BIRDS, INC.						
Principal Place	of Business	Mailing Address			. COM OPIN DIA		BANIO BINA NADI
324 NE 3RD A		324 NE 3RD AVE.					
DELRAY BEAC		DELRAY BEACH FL 334	44				
		US 		3. Date Incorporated or Qualified 05/26/1994		of Last Re /18/199	5
2. Principal Pla	ice of Business NE3nd Aue	2a. Mailing Address		4. FEI Number 65-0492228		├	Applied For Not Applicable
ا ۲۰ ہے <u>ت</u> # Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
2		27					Required
City & State	_	City & State		Election Campaign Financing Trust Fund Contribution		,	May Be I to Fees
3 Delea	y Beach, 1-L.	Z ip	Country	8. This corporation has liability for	intanoible ta		
4 33 44	14 25 PALMBe	h 1	30		s ∐No		
	9. Name and Address of Curre			10. Name and Address of New I	Registered /	Agent	
mabrier			81 Name				
-Turner, Brenda 324 Ne 3rd Ave.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
DEI RAV	SKU AVE. REACH EL-33483		83				
DELINAI	BEACH FL 33483					Table 5	- C- d-
			84 City		FL	85 Zip	Code
SIGNATURE :	Signature Typed or profess harve of registered agic OFFICERS Af	cand the tappisable (No.	(E. Regederco Agent signatus esque 13.	ADDITIONS/CHANGES TO OF	EATE FICERS AND	DIRECTO	RS IN 12
101,6	D	DELETE	1 1 TITLE			Change	Addition
NAMf	TURNER, BRENDA MCA	ENNN	1.2 NAME				
STREET ADDRESS	324 NE 3RD AVE. DELRAY BEACH FL 33483	23444	1.3 SIREFT ADDRESS 1.4 C/TY - ST - Z/P				
CITY-ST-ZIF TITLE	DECIMI DENOTTE 30403	DELETE	2.11/18			Change	Addition
NAME			2.2 NAME		_	-	
STREET ADOPESS			2.3 STREET ADDRESS				
CITY+ST-ZIF		F"Lor, clo	24 Cily-\$1-7 P		-		
111LE 		DELETE	3 1 11 14		L.	Change	Addit-on
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS				
(IIY-SI-ZIP			3.4 CPY - \$1 - 7P				
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NAME			4.2 NAME				
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CITY - ST - ZIP TITLE		[] DELFIE	5 1 11/LE		Г	Change	Addition
NAME			5.2 NAME			_ •	
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 City+\$1_ZiF			<u></u>	
)I'LE		□ DELETE	6 1 TITLE			Change	Add tion
MAME CHARLE ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		6.2 NAME				
STREET ADDRESS	5 5 7		6.3 STREET ADDRESS 6.4 CHY+S1-ZIF				
(114 - \$1 - 712 14 - 1 do hereb	L	with this filing is voluntarily furni	shed and does not qualify	for the exemption stated in Section 119	9.07(3)(k), Flo	rida Statut	es. I further
certify that oath; that I	the information indicated on this and	ipal report or supplemental anni ioration or the receiver or trusted	ual report is true and ancura empowered to execute th	ate and that my signature shall have thi iis report as required by Chapter 607, F	e same legal.	effect as if	made under

SIGNATURE:

1/18/96 407-478-5394