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 # P9400050801 (7)

MAR BRISA DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

1100 C DATRICK DRIVE

1199 S. PATRICK DRIVE

FILED Jun 02 1997 8:00am Secretary of State



SATELLITE BEACH FL 32937		SATELLITE BEACH FL 32937-3941								
							te of Last R 1/1996	of Last Report /1996		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	* ,, ··	Ap	plied For		
21		26			59-3299108			t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Ζφ 24	Country 25	Zip 29	·			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\simega\) No				
	9. Name and Address of Curren	nt Registered Agent		I		10. Name and Address of New Reg	pistered /	Lgent		
1199	ima, Joseph R S. Patrick Drive Ellite Beach Fl 32937			82	Name Street Add	iress (P.O. Box Number is Not Acceptab	le)	<u> </u>		
				83						
				84	City		FL	85 Zip (Code	
11. Pursuant office or ragent La	to the provisions of Sections 607.050 registered agent, or both, in the State an familiar with, and accept the oblig	2 and 607,1508, Florid of Florida. Such chang ations of, Section 607.0	a Statutes, the a ge was authorize 0505, Florida Sta	abovi ed by atute:	e-named cor y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of it the app	changing it ointment as	s registered registered	
SKINATOTE	5-gramme typed or printed name of registered ago	ort and title if applicable.	(NOTE: Register	во Аре	nt signature requ	ered when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TIRE	PD COCKE COCKE	☐ DE		HTLE				Change	Addition	
MAME	DIPRIMA, JOSEPH R			NAME						
STREET ADDRESS	1199 S. PATRICK DRIVE				ADDRESS					
C(IY+S1+ZIP	SATELLITE BEACH FL 32937	C DE		CITY - S	ST-ZIP	<u></u>		Change	Addition	
TILLE	ST DIPRIMA, ROSEANN M	☐ DEI	_	TITLE	ľ			Change	L.J AUGITON	
NAV:	1199 S. PATRICK DRIVE			NAME OZOCE	1000000				İ	
STREET ADDRESS	SATELLITE BEACH FL 32937				ADDRESS					
City - St - 7IP Title	SATELLIE BEAGITTE SESSI	DE		CHY-:	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME		المرا المرا		NAME	·			C Cumido	, admon	
STREET ADDRESS					ADDRESS					
C-TY-ST-ZiP					ST-ZIP					
TITE		DE		TITLE	· • · ·			Change	Addition	
NAME				NAME				-		
STREET ACORESS					ADDRESS					
OTY-ST-2IP				CITY - S	1	•				
TITLE		☐ D£		TITLE	····	·		Change	Addition	
NAME			5.2	HAME		•				
STREET ADORESS			5.3	STREET	ADDRESS					
CITY - ST. ZIP			5.4	CITY - S	ST- ZIP				i	
TOTAL		☐ DE		TITLE				Change	Addition	
NAME			6.2	NAME						
STRÉET ADORESS			6.3	STREET	ADDRESS					
C(1) - S1 - 2(F			6.4	CITY - S	ST-ZIP					
		1 10 01 10 10				A Ser Occasion and Otherwise Districts	1.1.41	4'E - 4L - 1	14	

I do 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 appears in Block 12 or Block 13 if cylinged, or on an attachment with an address.

SIGNATURE:

NOTE NAME OF SIGNING OFFICER OR DIRECTOR