


5-2-97 B-644 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000064429 (1)			
1. Corporation Name BRITIM CORP.			
Principal Place of Business 5480 NORTH S.R. 7 #201 FORT LAUDERDALE FL 33319		Mailing Address 5480 NORTH S.R. 7 #201 FORT LAUDERDALE FL 33319-2969	
2. Principal Place of Business 21 1676 E. OAKLAND PK. Blvd Suite, Apt. #, etc. 22 Ft. Lauderdale Fl. City & State 23 33334 Zip 24 Country		2a. Mailing Address 25 1676 E. OAKLAND Park Blvd Suite, Apt. #, etc. 26 Ft. Lauderdale Fl. City & State 27 33334 Zip 28 Country	
9. Name and Address of Current Registered Agent GRAN AT, MITCHELL ESQ 412 SE 18TH STREET FT LAUDERDALE FL 33318		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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.			
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE DPT NAME BOBB, TIMOTHY STREET ADDRESS 5480 NORTH S.R. 7, #201 CITY-ST-ZIP FORT LAUDERDALE FL 33319 [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Timothy Bobb 1.2 NAME 2600 NE. 30th St. 1.3 STREET ADDRESS Ft. Lauderdale Fl 33306 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [] Change [] Addition	
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 changed, or on an attachment with an address.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/21/97 554 566-7686 Date Daytime Phone	



CR2E034 (9/96)