

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088976 (3)

1. Corporation Name
BRICKLEY, INC.



Principal Place of Business: 36 CHRISTIAN DRIVE CHEEKTOWAGA NY 14225-4448
Mailing Address: 36 CHRISTIAN DRIVE CHEEKTOWAGA NY 14225-4448

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business: 21 213 Towne Center Cir
2a. Mailing Address: 26 213 Towne Center Cir.

4. FEI Number: 59-3295224
Applied For: Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: Sanford, FL
28 City & State: Sanford FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 32771
25 Country: USA
29 Zip: 32771
30 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
OSSINSKY, MARC P
210 N. WYMORE RD.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D BRIECHLE, PETER	<input type="checkbox"/> DELETE
NAME	36 CHRISTIAN DRIVE	
STREET ADDRESS	CHEEKTOWAGA NY 14225-4448	
CITY-ST-ZIP		
TITLE	D BRIECHLE, ANDRE	<input type="checkbox"/> DELETE
NAME	55 MT. VERNON AVE.	
STREET ADDRESS	BUFFALO NY 14210	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D BRIECHLE, PETER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	557 Whittingham Place		
1.3 STREET ADDRESS	Lake Mary, FL 32746		
1.4 CITY-ST-ZIP			
2.1 TITLE	D BRIECHLE, ANDRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	557 Whittingham Place		
2.3 STREET ADDRESS	Lake Mary, FL 32746		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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: *Peter Briechle* PETER BRIECHLE 4/15/96 (407) 330-0000

CR2E034 (12/95)