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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015765 (7)

BRET MARKISEN, INC.

rincipal Place of Business	Mailing Address
955 13TH LANE VERO BEACH FL 32960	955 13TH LANE VERO BEACH FL 32980-5773
IO DENOTI PE SESSO	TERO DENOTITE DESCRIPTO
2. Principal Place of Business	2a. Mailing Address
_	<b>↓</b> ,

FILED
May 06 1997 8:00am
Secretary of State



							3. Date Incorpt 02/24/199 4. FEI Number	rated or Qualified 5	3a. Date of Last 05/01/1996	Date of Last Report 05/01/1996	
2. Principal Place of Business			<b>2a.</b> Mailir	2a. Mailing Address				16P		Applied For	
21			26					<b>65-0557335</b> Not Applicable			
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				Status Desired		Additional Required	
City & State	е		City &	City & State				paign Financing	\$5.0	0 May Be	
23			28				`Trust Fund C	ontribution		d to Fees	
Zip		Country	Zιρ		Country		8. This corpora	ion has liability for i	ntangible tax under	s. 199.032,	
24	25	<u> </u>	29		io]		Florida Statu	les 🗀	Yes XNo		
	<del></del>	d Address of C	urrent Registered	Agent			10. Name and A	ddress of New Reg	gistered Agent		
	(, CYNTHIA L				81	Name 2	1 Pac	NDERGA	ST TN	·	
1432 21 STREET SUITE A						Street Add				<u></u>	
VERO BEACH FL 32960						82 Street Address (P.O. Box Number is Not Acceptable)					
						83 35 43 PS AVE					
					84	City U&	RO BEA	kc (I)	FL   [3]	p Code <b>2</b> 968 - 238 9	
11. Pursuant office or r	to the provision egistered agent	s of Sections 60 , or both, in the	7.0502 and 607.150 State of Florida, Suc	8, Florida Statutes th change was au	, the above therized by	named core	poration submits this are sciard of direc	statement for the plors. I hereby accep	uroneo of changing	rite radietarad 1	
SIGNATURE	KICH	ard L	- YRENDE	2 Gast	4				4/201	96	
40	Signature, typed or p		red agent and tile if applica		Rogissialed ligen	i signature tequi			/\r\		
12.	D	OFFICER	S AND DIRECTORS		13.	<del> </del>	ABDITIONS/C	HANGES TO OFFIC			
TITLE	MARKISEN,	DDET T		☐ DELETE	1.1 TITLE				☐ Change	Addition	
NAME					1.2 NAME						
STREET ADDRESS	955 13TH L	MNE H FL 32960			1.8 STREET A	LODRESS .				ļ	
CITY-ST-ZIP	AGUO DEVO	11 FL 32900			1.4 CPY-ST	- 7IP					
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CITY-ST-ZIP					2.4 CITY-\$1	- 7IF'					
TITLE				DETENE	3.1 TITLE				☐ Change	Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET A	DDRESS					
CITY-ST-ZIP					3.4. CITY - ST	- 21P					
TITLE				☐ DELETE	4.1 TITLE				Change	Addition	
NAME					4.2 NAME						
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TITLE				DELETE	5.1 TITLE				☐ Change	Addition	
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TITLE				DELETE	61 TIBLE	· · · · · · · · · · · · · · · · · · ·	<del></del>		Change	Addition	
NAME	:				6.2 NAME				_ *		
STREET ADDRESS					6.3 \$1REE1 A	DOBESS					
CITY-ST-ZIP					6.4 CITY - ST-	ì					
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4. I do hereby certify that the information supplied with this fing 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 poor or supplier ental 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 in order of the corporation of the corporation