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 # **P95000022535 (5)**

1. Corporation Name

BRS DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
~~401 NORTH MICHIGAN AVE.~~ ~~12TH FLOOR~~ ~~CHICAGO IL 60611~~	~~401 NORTH MICHIGAN AVE.~~ ~~12TH FLOOR~~ ~~CHICAGO IL 60611~~

3. Date Incorporated or Qualified: 03/20/1995

3a. Date of Last Report:

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional ~~Fee Required~~

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 899 W. CYPRESS CREEK RD.	26 899 W. CYPRESS CREEK RD.
Suite, Apt. #, etc. 22 SUITE 812	Suite, Apt. #, etc. 27 SUITE 812
City & State 23 FORT LAUDERDALE, FLORIDA	City & State 28 FORT LAUDERDALE, FLORIDA
Zip 24 33309	Zip 29 33309
Country 25 BROWARD	Country 30 BROWARD

9. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
500 E. BROWARD BLVD.
SUITE 1950
FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STARNES, BOB	1.2 NAME	
STREET ADDRESS	~~401 N. MICHIGAN AVE., 12TH FLOOR~~	1.3 STREET ADDRESS	899 W. CYPRESS CREEK RD. SUITE 812
CITY-ST-ZIP	~~CHICAGO IL 60611~~	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	200001881072
STREET ADDRESS		5.3 STREET ADDRESS	-07/02/96--01014--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***225.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this 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 added on an attachment with an address.

SIGNATURE: _____ 5/30/96 954-771-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #