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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

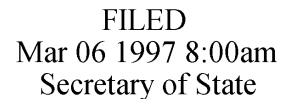
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029291 (8)

BRITTANY LTD. ENTERPRISES, INC.

Principal Place of Business

Mailing Address





1225A SOUTH FLORIDA AVENUE ROCKLEDGE FL 32955			1225A SOUTH FLORIDA AVENUE ROCKLEDGE FL 32855-2473							
						Date Incorporated or Qualified 14/13/1995		te of Last 23/1990		
	l Place of Business	2a. Mailing Address				El Number		<del></del>	Applied For	
21	(A)	26				59-3308461			Not Applicable	
Suite. Ar	N. #, QtC.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, 0	Certificate of Status Desired			Additional Required	
City & Si	tate	City & State	City & State			lection Campaign Financing rust Fund Contribution				
Zip <b>24</b>	Country 25	Zipi <b>29</b>	F	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
	9. Name and Address of Cu	rrent Registered Agent		04 1		Name and Address of New Re	glatered /	gent	<del></del>	
	ECKETT, LEONARD L			81 Name						
1225A SOUTH FLORIDA AVENUE ROCKLEDGE FL 32955				82 Street Address (P.O. Box Number is Not Acceptable)						
				83			·			
				84 City			FL	85 Z	p Code	
11. Pursoa	nt to the provisions of Sections 607 or registered agent, or both, in the S	.0502 and 607.1508, Florida Stat	tutes, the a	above-named	corporation	submits this statement for the p		changing	its registered	
agent.	familiar with, and accept the o	biligations of Section 607.0505,	Florida Sta	atutes.	poradou's bo	ard of directors, Thereby acces	vitha aun sc	OITHITHOIH	as registered	
	Signature, typed or printipalname of registere	· · · · · · · · · · · · · · · · · · ·		ed Agent signatur			DATE	BIBEAT	555 W 15	
<b>12.</b> TillE	PSD OFFICERS	AND DIRECTORS  DELETE	13.	TITLE	AL	ODITIONS/CHANGES TO OFFIC	EHS AND	Chang		
NAME	BECKET, LEONARD L	LI DELETE		NAME				II Ulding	e Divadino	
STREET ADDRES	ARABE COLUMN ELONIOL A	VENUE		STREET ADORESS						
CITY - S1 - ZIP	ROCKLEDGE FL 32955		- 1	CHTY-ST-ZIP	1	•				
TITLE	VPTD	DELETE		TITLE				Chang	e Addition	
NAME	MASHINTONIO, EDWARD I		2.21	NAME						
STREET ADDRES		VENUE	2.3 5	STREET ADDRESS	,					
CHY-ST-ZIP	ROCKLEDGE FL 32955	· · · · · · · · · · · · · · · · · · ·	2.4	CITY-ST-ZIP			<del>-</del>	<del></del>		
TOTLE		☐ DELETE	•	TITLE	1			☐ Chang	e L Additio	
NAME				NAME						
STREET ADDRES	SS			STREET ADDRESS		4				
CITY-ST-ZIP	**************************************	☐ DELETE		CITY-ST-ZIP TITLE	<del>                                     </del>		···	Chang	e Addition	
NAME		C. DECETE	ı.	NAME				C. Oriona	. Manual	
STREET ADDRES	9			navne Street address						
CITY-ST-ZiP				CITY-ST-ZIP						
TITLE								T 30		
		DELETE		TITLE				Chang	e LL ADDINO	
NAME		DELETE	51	<del></del>				Unang	e L.J ADDINO	
NAME STREET ADDRES	38	DELETE	51 <sup>-</sup> 521	TITLE				Unang	e L.J ADDITION	
	58	DELETE	51 <sup>-</sup> 521 53:	TITLE NAME				Unang	e L., ADGILIO	
STREET ADDRES	55	☐ DELETE	51 <sup>-</sup> 52) 53; 540	TITLE Name Street address		100		Chang		
STREET ADDRES	58		51 <sup>-</sup> 521 53: 540 6.11	TITLE Name Street address City-St-2ip			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRES CITY-ST-ZET TITLE			51 521 533 540 6.11 6.21	TITLE NAME Streey address City-St-Zip Title						

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 pushe 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 7 if change if or an attachoral push an address.

SIGNATURE