

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000031286 (4)

1. Corporation Name
BRC PROPERTIES, INC.



Principal Place of Business: **3153 LAKE ELLEN DR. TAMPA FL 33618**
Mailing Address: **3153 LAKE ELLEN DR. TAMPA FL 33618**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **04/17/1995** 3a. Date of Last Report: Applied For Not Applicable
4. FEI Number: **59-3319708**
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

9. Name and Address of Current Registered Agent
**MILONAS, TASSO M
1819 MAIN ST.
SUITE 1100
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0403, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature of Registered Agent: _____ Date of Signature: _____
Signature of Officer or Director: _____ Date: _____

12. OFFICERS AND DIRECTORS
NAME: **D COUCH, BETTY R** [] DELETE
STREET ADDRESS: **3153 LAKE ELLEN DR. TAMPA FL 33618**
CITY, ST, ZIP: _____
TITLE: _____
NAME: _____ [] DELETE
STREET ADDRESS: _____
CITY, ST, ZIP: _____
TITLE: _____
NAME: _____ [] DELETE
STREET ADDRESS: _____
CITY, ST, ZIP: _____
TITLE: _____
NAME: _____ [] DELETE
STREET ADDRESS: _____
CITY, ST, ZIP: _____
TITLE: _____
NAME: _____ [] DELETE
STREET ADDRESS: _____
CITY, ST, ZIP: _____
TITLE: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: [] Change [] Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, ST, ZIP: _____
5. TITLE: [] Change [] Addition
6. NAME: _____
7. STREET ADDRESS: _____
8. CITY, ST, ZIP: _____
9. TITLE: [] Change [] Addition
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, ST, ZIP: _____
13. TITLE: [] Change [] Addition
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, ST, ZIP: _____
17. TITLE: [] Change [] Addition
18. NAME: _____
19. STREET ADDRESS: _____
20. 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)(c), 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. 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: *Betty R. Couch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

CR2E034 (12/95)