ANUAL REPORT 1998 1998 Description of Blain Description of State Description of Comproductions Section of Comproductions Section of Comproductions Section of State Section Section of State Section Se	AMOUNT DU	E ON OR BEFORE 09/30/98: \$550 (BE DISSOLVED ON OR AFT	OUE TO REIN	STATE: \$750).	ΓΠ	LED
1998 DIVISION OF COMPORATIONS SECCRETARTY Of State DOCUMEINT # P95000044052 (5) BRASS RING ENTERPRISES, INC. Image: Composition and Composition anditenear and Composition and Composition and Co	CORPORATION Sandra B. ANNUAL REPORT Secretary					Aug 19 1998 8:00a Secretary of State	
DOCUMENT # P95000044052 (5) BRASS RING ENTERPRISES, INC. Amongal Place of Butiness Making Address Strange Proceed Business Set TAAH DRVE All HARDOR FL SMS4 Set TAAH DRVE Orde A P1 etc. 21 Orde A P1 etc. 22 Orde A P1 etc. 23 Orde A P1 etc. 24 Orde A P1 etc. 27 END A P1 etc. 27 END A P1 etc. </td <td>•</td> <td></td>				•			
BRASS RING ENTERPRISES, INC. tindpal Place of Business Mailing Address Stor, ADD IVE Bob TALAH DRIVE Principal Place of Business Bob TALAH DRIVE Stor, ADD IVE Bob TALAH DRIVE Principal Place of Business Bob TALAH DRIVE Stor, ADL & etc. 2a. City & State 2b. Store, ADL, Regulated Agent 3b. Palance House of Business 2b. City & State 2b. Palate	DOCU		00044052 (5))			
March 2016 Business Main 2 Address Sufa AP DRVE PALM HARDOR FL 3464 DO NOT WRITE IN THIS BPACE DO							ALLI BIBIN BINILI ANI MANALAJINI (440. 2001
Integraph Process Mattering Address Status Davie 350 TALM DRVE PALM MARCOR FL 3464 DO NOT WRITE IN THIS SPACE Do Not Write IN THIS SPACE 350 TALM DRVE PALM MARCOR FL 3464 Do Not Write IN THIS SPACE State Apt #, etc. 24 Sule, Apt #, etc. Article of Susions 210 Sule, Apt #, etc. 5 Centrotic of Status Desired Fee Required 270 Country 210 Country 5 Set Required 281 210 Country 8 10 Status Desired Fee Required 270 Country 210 Country 8 10 Status Desired Fee Required 283 29 30 Prescond Property Tax duo and 30 Yes Name and Address of New Registered Agent 19. Mane and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10 Name and Address of New Registered Agent 19. Mane and Address of sociens 607.0002 and 607.1005. Flores Status. 10 Name and Address of New Registered Agent 10 10. Mane and Address of Status Distatus Number of Status Distatus Number Agent at the Status of Proces Status Tayles and the Status of Proces							
Principal Place of Business Principal Place of Place of Place Bage Principal Place Of Decemptory Princintery Principal Place Of Decemptory Princintery Princi	300 TALAH DRIVE 3850 TALAH DRIVE			4			
Principal Place of Business 2a. Maling Address 4. FEI Number						3. Date Incorporated or Qualified	
Sulle, Apt #, etc. Sulle, Apt #, etc. 27 Otly & State 27 Otly & State 21 Otly & State 5. Certificate of Status Desired \$5.00 May B encured Zp Country 22 Zp Country 23 Zp Country 29 Zp Country 29 Solide, Apt #, etc. Trust Francing State, Apt #, etc. Trust Francing State, Apt #, etc. Country Zp Country 29 Zp Country 29 State, Apt #, etc. Country Spectromation of excellons 60 contract (Registered Agent Bit Name Bit Name Spectromation of excellons 60 contract (Registered Agent Bit Name Bit Name Bit Chity Spectromation of excellons 60 contract (Registered Agent Bit Name Bit Name Bit Name Bit Name </td <td>Principal P</td> <td>lace of Business</td> <td>2a. Mailing Address</td> <td></td> <td></td> <td></td> <td>Applied For</td>	Principal P	lace of Business	2a. Mailing Address				Applied For
City & State 27 S. Contriction of Status Desired The Required City & State City & State S. Contriction Campaign Financing S. Sto. 00 Mays Zip Country Zip Country Zip Country S. This Compation owes or has paid the current veal thanglible J. Harne and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent ENGLANDER, LEONARD S ESO. SS95 CENTRAL AVENUE, SUITE 201 State State State State City & State State of Fiords Status Desired Yes Acceptable) State State State of Fiords Status Desired Yes Acceptable) State Country Zip State of Fiords Status Desired Yes Acceptable) State Country Zip Country State of Fiords Status Desired Yes Acceptable) State Country Zip State of Fiords Status Desired Yes Acceptable) State Country Zip State of Fiords Status Desired Yes Acceptable) State Country Zip State of Fiords Status Desired Yes Acceptable) State Country Zip State of Fiords Status Desired Agent Yes Acceptable) State Country Zip State of Fiords Status Desired Agent Yes Acceptable St	Dulla Ant					59-3330421	Not Applicable
Zip Country Zip Country Institunt fund Contribution Added to Pees Zip Zip Country Institunt fund Contribution Institunt fund Contribution Added to Pees 2/p Zip Zip Country Institunt fund Contribution Institunt fund Contribution Institunt fund Contribution 2/p Zip Zip Zip Country Institunt fund Contribution Institunt fund Contribution 2/p Zip Zip Zip Country Institunt fund Contribution Institunt fund Contribution 6 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Institunt fund Contribution Institunt fund Contribution ENCLANDER LEONARDD ESC Street Address (P.O. Box Number is Not Accoptable) Institunt fund Contribution Institunt fund Contribution 1 Partnersh to Hit protoin of sectors of 2002 and 607.1000. Florida Strict Address (P.O. Box Number is Not Accoptable) Institunt fund fund for foreign fund fund for foreign fund fund foreign fund for fund foreign fund for fund for fund for fund foreign fund foreign fund for f	Sune, Apr.	#, elç.	h-man in the second s			5. Certificate of Status Desired	•
26 28 30 Personal Property Tax due June 30. Tes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent ENGLANDER, LEONARD S ESO. 5955 OENTRAL AVENUE, SUITE 201 ST. PETERSBURG FL 33710 31 Name 84 City FL 85 Zip Code 10. Pursuant to the provisions of sections 607 0502 and 607 1506, Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of the Statu of Florida, Such change was subhicized by the corporation's board of directors. I hereby accept the objection of Jacobia Statutes, the above named corporation's board of directors. I hereby accept the objection of Jacobia Statutes, the above named corporation's board of directors. I hereby accept the objection of Jacobia Statutes, the above named corporation's board of directors. I hereby accept the objection of Jacobia Statutes, the above named corporation's board of directors. I hereby accept the objections of sectors ND DIRECTORS IN The Statu of the apoint and the statu of the apoint and the statu of the apoint and the statu of the apoint apoint of the directors. I hereby accept the objection of Jacobia Batta status and address of the apoint apoint above name automation and address of the apoint apoint of board of directors. I hereby accept the objection of Jacobia Batta status and address. I hereby accept the objection of Jacobia Batta status and address. I hereby accept the objection of Jacobia Batta status and address. I hereby accept the objection of Jacobia Batta status and address. I hereby accept the objection of Jacobia Batta status and address. I hereby accept the objection of Jacobia		City & State City & State 28				Trust Fund Contribution	\$5.00 May Be Added to Fees
ENGLANDER, LEONARD S ESQ. S059 OENTRAL AVENUE, SUITE 201 ST. PETERSBURG FL 33710 1 1 Name 12 Street Address (P.O. Box Number is Not Acceptable) 1	Z(p	25	29		ntry	Personal Property Tax due June 30.	
ST. PETERSBURG FL 33710 St. PETERSBURG FL 33710 Deleter St. Petersburger of bit provisions of sections 607.0502 and 507.0502. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in an familiar with, and accept the obligations of registered agent statutes. The above named corporation submits this statement for the purpose of change in a statement as registered agent statement agent	ENG				81 Name	IV. Raille and Address of New Register	ed Agent
B3			201		82 Street Add	ress (P.O. Box Number is Not Acceptable)	·····
Pursuant to The provisions of sections 607.0502 and 607.1508. Floridal Situities, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was submitized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the obligations of, section 607.0505, Florida Statutes. SNATURE Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted area of registered agent and tile applicable Signature, true or proted agent agent and tile applicable Signature, true or proted agent agent and tile applicable Signature, true or proted agent agent and tile applicable Signature, true or proted agent agent and tile applicable Signature, true or proted agent agent agent agent agent area agent area agent. Signature, true or proted agent agent agent agent agent area agent area agent. Signature, true or proted agent agent agent agent agent area agent. Signature, true or proted agent agent agent agent agent agent agent agent age	ŞI. I	PETERSBURG FL 33710			83		••••••••••••••••••••••••••••••••••••••
GNATURE Ispace or prived reprived reprivation r					84 City		85 Zip Code
IGNATURE Signaha, typed or privid name of registered agent and tile if applicable OFFICERS AND DIRECTORS ISSO TALAH DR ALLBRITTEN, JAMES K. SSTOR ALLAH DR SSTOR ALAH CRISSING SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH CRISSING SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH CRISSING SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH CRISSING SSTOR ALAH CRISSING SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH DR SSTOR ALAH CRISSING SST	. Pursuant	to the provisions of sections 607	7.0502 and 607.1508, Florida Stat	utes, the ab	ove-named corpo	ration submits this statement for the purpose o	Changing its registered
Signature, typed or printed name of registered agent and tile it population (MOTE: Registered agent algoritud men registered agent a		registered agent, or both, in the am familiar with, and accept the	State of Florida. Such change wa obligations of, section 607.0505,	s authorize Florida Stat	d by the corporat utes.	ion's board of directors. I hereby accept the ap	pointment as registered
LE P DELETE 111TLE Change Ad ME ALLBRITTEN, JAMES K. 13 STREET ADDRESS 13 STREET ADDRESS Change Ad VST.2iP PALM HARBOR FL 13 STREET ADDRESS 14 CITYST.2iP Change Ad AE DELETE 21 TITLE Change Ad AE DELETE 31 TITLE Change Ad AE DELETE 31 TITLE Change Ad AE DELETE 31 TITLE Change Ad AE SA CITYST.2iP 32 AdvAE 33 STREET ADDRESS Change Ad KE ADDRESS VST.2iP VE StrEET ADDRESS Change Ad KE ADDRESS STREET ADDRESS STREET ADDRESS Change Ad KE ADDRESS STITLE StREET ADDRESS <t< td=""><td></td><td></td><td></td><td></td><td>red Ågent signature red</td><td></td><td></td></t<>					red Ågent signature red		
S850 TALAH DR 13 STREET ADDRESS VST.2/P PALM HARBOR FL LE	·····	P			'LE		
PALM HARBOR FL 14 CITY-ST-ZIP E DELETE 21 TITLE Change Ad AE 22 NAWE 23 STREET ADDRESS							
E							
EET ADDRESS 2.3 STREET ADDRESS //ST.2IP 2.4 CITY/ST.2IP E DELETE //E 3.1 TITLE //ST.2IP 3.1 STREET ADDRESS //ST.2IP 3.4 CITY/ST.2IP E DELETE 4.1 TITLE Change Ad Ad //E Ad CITY/ST.2IP E DELETE 4.2 NAME Change 4.3 STREET ADDRESS Change //ST.2IP 4.4 CITY/ST.2IP E DELETE //ST.2IP 4.4 CITY/ST.2IP E DELETE S STREET ADDRESS Change //ST.2IP Ad E DELETE S STREET ADDRESS Change //ST.2IP Ad //ST.2IP Change //ST.2IP Change //ST.2IP Change //ST.2IP Change <			DELETE				Change Addition
EET ADDRESS 23 STREET ADDRESS //ST.2IP 24 CITY/ST.2IP E							·
E DELETE 3.1 TITLE Change Ad E 32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Ad E DELETE 4.1 TITLE Change Ad E DELETE 5.1 TITLE Change Ad E S1 STREET ADDRESS 5.3 STREET ADDRESS S1.3 STREET ADDRESS S1.5 TZIP E DELETE 6.1 TITLE Change Ad E DELETE 6.1 TITLE Change Ad							
EEE ADDRESS 3.3 STREET ADDRESS /ST.2IP 3.4 CiTY-ST-ZIP E DELETE 4.1 TITLE IE 4.2 NAME 42 NAME 4.3 STREET ADDRESS /ST.ZIP 4.3 STREET ADDRESS /ST.ZIP 4.3 STREET ADDRESS /ST.ZIP 4.4 CITY-ST-ZIP E DELETE ST.ZIP 5.1 TITLE Change Ad IE DELETE ST.ZIP 5.1 TITLE E DELETE ST.ZIP 5.3 STREET ADDRESS /ST.ZIP 5.4 CiTY-ST-ZIP /ST.ZIP 5.4 CiTY-ST-ZIP /ST.ZIP 5.4 CiTY-ST-ZIP /ST.ZIP 6.1 TITLE /ST.ZIP Change /ST.ZIP 6.2 NAME			DELETE				Change Addition
ST-ZIP 3.4 CiTY-ST-ZIP E DELETE 4.1 TiTLE Change Ad E 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 5.5 TiTLE Change Ad E DELETE 5.1 TiTLE Change Ad Ad Change Ad E DELETE 5.1 TiTLE Change Ad Ad Change Ad E DELETE 5.1 TiTLE Change Ad Ad Change Ad E DELETE 5.1 TiTLE Change Ad Ad Change Ad E DELETE 5.1 TiTLE Change Ad Ad Change Ad E DELETE 5.1 TiTLE Change Ad Change Ad E DELETE 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CiTY-ST-ZiP Change Ad E DELETE 6.1 TITLE Change Ad Change Ad E DELETE 6.1 TITLE Change Ad Change Ad E<	E			3.2 NA	ME		·
E DELETE 4.1 TITLE Change Ad HE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Ad E DELETE 5.1 TITLE Change Ad HE DELETE 5.1 TITLE Change Ad EET ADDRESS 6.3 STREET ADDRESS Change Ad KE 5.2 NAME 5.3 STREET ADDRESS Change Ad KE 5.3 STREET ADDRESS 5.3 STREET ADDRESS Change Ad KE DELETE 6.1 TITLE Change Ad KE DELETE 6.1 TITLE Change Ad KE DELETE 6.1 NITLE Change Ad	ļ						
HE 4.2 NAME EET ADDRESS 4.3 STREET ADDRESS (-ST-ZIP 4.4 CITY-ST-ZIP E DELETE 5.1 TITLE Change Ad 6.2 NAME 4.4 CITY-ST-ZIP E 5.3 STREET ADDRESS (-ST-ZIP) 5.4 CITY-ST-ZIP E 5.4 CITY-ST-ZIP E DELETE 6.1 TITLE Change Ad G2 NAME		·		· · · · ·		·····	Change Addition
A4 CITY-ST-ZIP 44 CITY-ST-ZIP E DELETE 5.1 TITLE IE 5.2 NAME S4 CITY-ST-ZIP 5.3 STREET ADDRESS E DELETE IE DELETE B DELETE IE DELETE 6.1 TITLE Change Ad 6.2 NAME	IE			4.2 NA	ME		
E DELETE 5.1 TITLE Change Ad re 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CitY-ST-ZiP Change Ad E DELETE 6.1 TITLE Change Ad IE DELETE 6.1 TITLE Change Ad				4.3 ST	REET ADDRESS		
IE 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS -ST-ZIP 5.4 CiTY-ST-ZIP E DELETE IE DELETE 6.1 TITLE Change Ad 6.2 NAME	EETADORESS						
E 5.3 STREET ADDRESS -ST-ZIP 5.4 CiTY-ST-ZIP E DELETE 6.1 TITLE Change Ad 6.2 NAME	ST-ZIP						L Change Addition
E DELETE 6.1 TITLE Change Ad	-ST-ZIP E			1			
E 62NAME	4 ST-ZIP E IE			F 1 00	Y-ST-ZIP		
	-ST-ZIP E IE EET ADDRESS -ST-ZIP						
6.3 STREET ADDRESS	(-ST-ZIP IE IEET ADDRESS (-ST-ZIP IE		DELETE	6.1 TI			Change Addition
KST-ZIP - I 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	Y-ST-ZIP IE IEET ADDRESS Y-ST-ZIP IE		DELETE	6.1 TIT 6.2 NA	ME		L Change Addition