

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000053441 (8)

1. Corporation Name

BRICAR VENTURES, INC.



Principal Place of Business

3415 CARAMBOLA CIRCLE SOUTH  
COCONUT CREEK FL 33066

Mailing Address

3415 CARAMBOLA CIRCLE SOUTH  
COCONUT CREEK FL 33066

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 P.O. Box 4004  
27 Suite, Apt. #, etc.  
28 DEERFIELD BEACH  
29 Zip  
30 Country

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

4. FEI Number

65-0597083

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

9. Name and Address of Current Registered Agent

HUNT, BRIAN B  
3415 CARAMBOLA CIRCLE SOUTH  
COCONUT CREEK FL 33066

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

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 607.0504, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

BRIAN B HUNT, Pres/Director

4-29-96

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS              | CITY - ST - ZIP        | <input type="checkbox"/> DELETE |
|-------|-------------------|-----------------------------|------------------------|---------------------------------|
| D     | HUNT, BRIAN B     | 3415 CARAMBOLA CIRCLE SOUTH | COCONUT CREEK FL 33066 |                                 |
| D     | KARLECKE, CAROL J | 3415 CARAMBOLA CIRCLE SOUTH | COCONUT CREEK FL 33066 |                                 |
|       |                   |                             |                        | <input type="checkbox"/> DELETE |
|       |                   |                             |                        | <input type="checkbox"/> DELETE |
|       |                   |                             |                        | <input type="checkbox"/> DELETE |
|       |                   |                             |                        | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|---------------------|---|
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

CR2E034 (12/95)

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)(k), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN B. HUNT, Pres/DIR (954)

Date

Daytime Phone #