

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

FILED
Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000054712 (1)**

1. Corporation Name
BRITHAUS INC.



Principal Place of Business 518 S MAGNOLIA AVENUE ORLANDO FL 32801	Mailing Address 518 S MAGNOLIA AVENUE ORLANDO FL 32801-3706
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 04/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3333872		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Zip		30. Country	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**REDMAN, MICHAEL J
518 S MAGNOLIA AVENUE
ORLANDO FL 32801**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDMAN, MICHAEL J	1.2 NAME	
STREET ADDRESS	518 S MAGNOLIA AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32801	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP
STREET ADDRESS		2.3 STREET ADDRESS	Thomas W. Faulkner
CITY - ST - ZIP		2.4 CITY - ST - ZIP	518 S. Magnolia Av
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Orlando, FL 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T
STREET ADDRESS		3.3 STREET ADDRESS	Daniel E. O'Loane
CITY - ST - ZIP		3.4 CITY - ST - ZIP	518 S. Magnolia Av
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Orlando, FL 32801 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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:  **REQUIRED** 4-7-97 407-648-8666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)