

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000066885 (1)

1. Corporation Name

BRK ENTERPRISES, INC.

FILED
Apr 29, 1996 08:00 AM
Secretary of State



Principal Place of Business
219 JEAN ST.
PALM HARBOR FL 34683
1921 W. TENNESSEE ST
TALLAHASSEE, FL 32304

Mailing Address
219 JEAN ST.
PALM HARBOR FL 34683
P.O. Box 2645
TALLAHASSEE, FL 32316

2. Principal Place of Business
21 1921 W. TENNESSEE ST
22 Suite, Apt. #, etc.
23 TALLAHASSEE FLORIDA
24 32304 25 USA

2a. Mailing Address
26 P.O. Box 2645
27 Suite, Apt. #, etc.
28 TALLAHASSEE FLORIDA
29 32316 30 USA

3. Date Incorporated or Qualified
08/29/1995

3a. Date of Last Report
N/A

4. FEI Number
59-3348161

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
SCHONOVER, BRIAN K
219 JEAN ST.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent
81 Name BRIAN K. SCHONOVER
82 Street Address (P.O. Box Number is Not Acceptable) 1767 HERMITAGE BLVD #4201
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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 *Brian K. Schonover* BRIAN K. SCHONOVER SECRETARY DATE 4/16/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PRESIDENT	RICHARD S. BAERWALDT	1555 DELAWARE DR #510	TALLAHASSEE, FL 32308	<input type="checkbox"/>
SECRETARY	BRIAN K. SCHONOVER	1767 HERMITAGE BLVD #4201	TALLAHASSEE, FL 32308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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: *Brian K. Schonover* BRIAN K. SCHONOVER 4/16/96 904-425-5295

CR2E034 (12/95)