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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066885 (1)

FILED Jan 26 1998 8:00am Secretary of State

BRK ENTERPRISES, INC.		2	ELLES FRIME (BERE BELLE ERRE
Principal Place of Business Mailing Address		- I TRUITONE LIO JOINT ALITI ANDLI MUSIL UNILL MELLO DISSO I	
1921 W TENNESSEE ST PO BOX 2645			
PALM-HARBOR FL-32304** US TALLAHASSEE FL 32316 US		DO NOT WRITE IN THIS SPACE	
,		3. Date Incorporated or Qualified	
		08/29/1995	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 192 W Tennessee St 26		59-3348161	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27 City & State City & State			Fee Required
23 Tallarasse FL 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country	8. This corporation owes or has paid the curren	
24 32304 25 054 29	30	Personal Property Tax due June 30.	
Name and Address of Current Registered Agent		10. Name and Address of New Registered Ag-	ent
SCHONOVER, BRIAN K			
1767 HERMITAGE BLVD, #4201 82 Street Address (P,A, Box Number's Not Acceptable)			
TALLAHASSEE FL 32308 1555 Delavey Drive 7510			
	83		
	84 City-1)	85 Zip Code O
	I lale	anusce fl	132505
 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statute office or registered agent, or soft of the State of Florida. Such change was a agent. I am familiar with, and acceptance obligations of Section 607 0505. Fl 	es, the above-named corporation	pration submits this statement for the purpose of change board of directors. I hereby accept the appoin	anging its registered
agent. I am familiar with, and accept the spligations of Section 697,0505. Fi	rida Statutes)
SIGNATURE TOSIC	N CKK FAX	310155 Inc 17878	
fignature, typed or fryprid name of registered agent and little if applicable. (NOTE 12. OFFICERS AND DIRECTORS	: Registered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN 12
TITLE P DELETE	1.1 TITLE		Change Addition
NAME BAERWALDT, RICHARD J.	1.2 NAME	_	<u> </u>
STREET ADDRESS 1555 DELANEY DR, #510	1.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE S DELETE	2.1 TITLE		Change
NAME SCHONOVER, BRIAN K.	2.2 NAME		
STREET ADDRESS 1767 HERMITAGE BLVD, #4201	2.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHSSEE FL	2. 4 CITY-ST-ZIP		
TITLE VP DELETE	3.1 TITLE		Change Addition
NAME SCHONOVER, STEPHANIE L.	3.2 NAME		
STREET ADDRESS 1767 HERMITAGE BLVD #4201	3.3 STREET ADDRESS		
CITY-ST-ZIP TALLAHASSEE FL	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE		Change
NAME	4, 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-SI-ZIP	4.4 CITY-ST-ZIP		Chara Isday
TITLE	5.1 TITLE		Change
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP TIFLE DELETE	5.4 CITY-ST-ZIP		Change
	6.1 TITLE		Contracts The Machiner
NAME	6.2 NAME		j
STREET ADDRESS	6.3 STREET ADDRESS		-
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for	r the exemption stated in S	Section 119 07(3)(i) Florida Statutes I further certifi	that the information

urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in