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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000069967 (4)

1. Corporation Name
BRIC-A-BRAC'S, INC.

Principal Place of Business
C/O SUSAN S. HARRIS
2238 ARBOUR WALK CIR. #1823
NAPLES FL 33942

Mailing Address
C/O SUSAN S. HARRIS
PO BOX 10852
NAPLES FL 34101-0852



2. Principal Place of Business
21 C/O Susan S. Harris

Suite, Apt. #, etc.
22 2342 41st St. S.W. A-1

City & State
23 Naples, Florida

Zip
24 34116

Country
25 Collier

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0615739

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

10. Name and Address of New Registered Agent

HARRIS, SUSAN S
2238 ARBOUR WALK CIR., #1823
NAPLES FL 33942

81 Name
Harris, Susan S.

82 Street Address (P.O. Box Number is Not Acceptable)
2342 41st St. S.W. A-1

83

84 City
Naples

FL

85 Zip Code
34116

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
HARRIS, SUSAN S
2238 ARBOUR WALK CIRCLE #1823
NAPLES FL 33942 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MILLER, JOSEPH L
PO BOX 10717 N/A
NAPLES FL 33941 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
President/Treasurer
HARRIS, SUSAN
2342 41st St. S.W. A-1
Naples, FL 34116 ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Vice President/Secretary
Miller, Joseph
P.O. Box 614 N/A
Camden, Mo. 65020 ☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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.

CR2E034 (9/96)